

FILED MAY 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11138**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **4123** Registrar's No. **46**

0050

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Exeter</b>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Exeter</b>	
d. STREET ADDRESS (If rural, give location)		0050	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Amanda</b> b. (Middle) <b>C.</b> c. (Last) <b>Packwood</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4-21-1954</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>12-26-1869</b>
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>	11. BIRTHPLACE (State or foreign country) <b>Barry County, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ivy White</b>	
13b. MOTHER'S MAIDEN NAME <b>Julia Ann Knowles</b>		14. NAME OF HUSBAND OR WIFE <b>Jesse W. Packwood</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Clara Sallee-Exeter, Missouri</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>High blood pressure</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331 X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19 <b>53</b> , to <b>April 20</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>April 20</b> , 19 <b>54</b> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <b>Herbert H. Dalyer M.D.</b>		23b. ADDRESS <b>Cassville Mo.</b>	
23c. DATE SIGNED <b>4/24/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>4-23-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maplewood Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Exeter, Missouri</b>		25. EMPERORIAL DIRECTOR'S SIGNATURE <b>Elmer H. Cassville, Jr.</b>	
25. ADDRESS		DATE REC'D BY LOCAL REG. <b>4-27-1954</b>	
REGISTRAR'S SIGNATURE <b>Grace Williams</b>		10-0	

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 554-25

DATE REC. 5-1-54

MAY 2 3 1954

MAY 26 1955  
MAY 31 1955

MAY 3

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elmer D. Fjell

Licensed Embalmer No. 4817

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.