

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 hrs</u>	c. CITY OR TOWN <u>Trimble</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Route # 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Richard</u> c. (Last) <u>Pack</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16th 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 9th 1890</u>	9. AGE (In years last birthday) <u>64 Yrs</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>trucking business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chelsea, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jim Pack</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elsie Pack</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME R.#1 ADDRESS <u>Mrs. Elsie Pack, (wife) Trimble, Mo.</u>		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock due to multiple</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>Therapeutic and abdominal</u> <u>Injuries.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Man was injured when he lost control of his pickup truck and it turned over catching man</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, field, etc.) <u>U.S. Highway 109</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Agency Buchanan Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>April 16-1955 3:30p</u>	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Man's S.M.S. pickup truck turned over</u>			
22. I hereby certify that I attended the deceased from <u>7/16</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:05p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. F. Mundy (Coroner) M.D.</u>			23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>4/17/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 17-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plattsburg, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>April 21, 1955</u>	REGISTRAR'S SIGNATURE <u>Esther M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wendell H. Plummer</u>	ADDRESS <u>St. Joseph, Mo.</u>		

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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.....
Signature of Student Embalmer

Signed *Albert B. Harrington*

Licensed Embalmer No..... 325

P. O. Address... St. Joseph,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.