.300
.48

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13927

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 53

1. PLACE OF DEATH
a. COUNTY: Linn.
b. CITY OR TOWN (If outside corporate limits write RURAL and give township): Brookfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Doctors Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: Linn
c. CITY OR TOWN: Brookfield.
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 210 Beverly

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Henry
c. (Last): Packham.

4. DATE OF DEATH (Month) (Day) (Year): Apr 26 1956.

5. SEX: M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Mar 17 1886
9. AGE (In years last birthday): 70. Months: 1 Days: 8 IF UNDER 1 YEAR: Hours: Min.: IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Brookfield Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Robert Packham.
13b. MOTHER'S MAIDEN NAME: Debb. Stubblebean
14. NAME OF HUSBAND OR WIFE: Mrs. Minnie Packham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Minnie Packham ADDRESS: Brookfield

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot (22 cal. rifle) between eyes — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (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: 976X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Brookfield Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Brookfield Linn Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-25-56 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. *I hereby certify that I attended the deceased from* 4-25-56, 19___, *to* 4-26-56, 19___, *that I last saw the deceased alive on* 4-25-56, 19___, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Royals (Degree or title) D.O.
23b. ADDRESS: Brookfield, Mo.
23c. DATE SIGNED: 4-26-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 27
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Brookfield Mo.

DATE REC'D BY LOCAL REG.: 4-30-56
REGISTRAR'S SIGNATURE: Kathaline Johnson Reg.
25. FUNERAL DIRECTOR'S SIGNATURE: Homer L. Bowden ADDRESS: Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

67

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Homer D. Bowden.....

Licensed Embalmer No. 329

P. O. Address Brookfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.