

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Victoria A. Harriss

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13326

STATE FILE NUMBER

FILED MAY 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1720

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4212 Windsor</b>			Length of stay in lb <b>40 Years</b>		d. STREET ADDRESS (If outside, give location) <b>4212 Windsor</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>MARTHA</b> Middle <b>ELVIRA</b> Last <b>PACKARD</b>				4. DATE OF DEATH <b>April 12, 1957</b>					
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Feb. 5, 1880</b>		9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accounting</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Yards Loan Co.</b>		11. BIRTHPLACE (City and state or country) <b>Cameron, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>Charles E. Packard</b>				14. MOTHER'S MAIDEN NAME <b>Araminta Utter</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Eva L. Packard - 4212 Windsor</b> Address					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4/9-12</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUPLICATE TO (b) <b>Unable to change position for over a yr. (malignant breast)</b> DUPLICATE TO (c) <b>Metastasis to bones after amputation of</b>							<b>170x</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Venous. Confined to bed for over a year: bone tumors fractured both</b>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>		
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <input type="checkbox"/> a. m. <input type="checkbox"/> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20e. CITY, TOWN, OR LOCATION			COUNTY	STATE
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION			COUNTY	STATE			
21. I attended the deceased from <b>April 1956</b> to <b>April 12, 1957</b> and last saw <b>her</b> alive on <b>4/12/57</b> Death occurred at <b>8:45</b> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree of title) <b>Dr. Victoria A. Harriss D.O.</b>				22b. ADDRESS <b>414 Bryant Bldg.</b>		22c. DATE SIGNED <b>4/13/57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>4/15/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Packard Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cameron, Missouri</b>				
24. FUNERAL DIRECTOR <b>Stine &amp; McClure - Kansas City, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>4-13-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			

(Licensed Embalmer's Statement on Reverse Side)

KP.  
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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 *J. H. Crowell* .....  
Licensed Embalmer No. 492

P. O. Address *K. C. M.*

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