

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 26 1957

State File No. 27825

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Clinton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Shell</u>		c. LENGTH OF STAY (in this place) <u>66 yrs.</u>	c. CITY OR TOWN <u>Cameron</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 1# Cameron Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>R</u>	
e. STREET ADDRESS (If rural, give location) <u>RFD 1# Cameron Mo.</u>		0250	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Mary</u>	b. (Middle) <u>Francis</u>	c. (Last) <u>Packard</u>	<u>AUG 19 1957</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept 21 1869</u>		9. AGE (In years last birthday) <u>87</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>KENTUCKY - IRVIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>W. Witt</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Dublin</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Packard Cameron 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLUS</u>		DUE TO (b) <u>FRACTURED PELVIS (SUP. RAMUS)</u>		DUE TO (c) <u>FALL IN HOME</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ARTERIOSCLEROTIC HEART DISEASE 20YRS</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>9040 21</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CAMERON CLINTON MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-8-57 2 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FALL AT HOME 025</u>	

22. I hereby certify that I attended the deceased from 8-8-1957, to 8-18-1957, that I last saw the deceased alive on 8-8-1957, 1957 and that death occurred at 6:00 am., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>J. H. Compton</u>		23b. ADDRESS <u>207 Cameron Mo.</u>		23c. DATE SIGNED <u>8-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-20-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PACKARD Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON, Mo.</u>		DATE REC'D BY LOCAL REG. <u>8-20-57</u>		REGISTRAR'S SIGNATURE <u>Francis Crawford</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>			

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

53!

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 *Lawrence J. Thompson*

Licensed Embalmer No. *473*

P. O. Address *Cameron*

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.