Health, Welfare Public Service

2 4 300 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-027986

STATE FILE NUMBER

FILED AUG 12 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 145

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Nevada — Inside Limits: Yes [x] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): #812 N.Washington Tate Rest Home — Length of stay in lb: 72 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Adrian 0070 0 — Inside Limits: Yes [x] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Rose Middle: H. Last: Packer

4. DATE OF DEATH Month Day Year: July 25 1958

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [x] 2 DIVORCED [ ]

8. DATE OF BIRTH: June 6 1872

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 0 Days 19 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Hwfe.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Neoga,Illinois. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William C.Kennedy

13b. MOTHER'S MAIDEN NAME: Drucella Gascil

14. NAME OF HUSBAND OR WIFE: John William Packer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: A.C.Packer,Adrian,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Arterio-sclerosis — 10 years.
DUE TO (c): 4500
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [x] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 July 18, 1958, to July 25, 1958 and last saw her/him alive on July 18, 1958
Death occurred at 8:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. P. McCann

22b. ADDRESS: Moore Building, Nevada, Mo.

22c. DATE SIGNED: 8-

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-26-58

23c. NAME OF CEMETERY OR CREMATORY: Crescent Hill Cemetery

23d. LOCATION (City, town, or county) (State): Adrian,Mo.

24. FUNERAL DIRECTOR ADDRESS: Six Funeral Service.Adrian,Mo.

25. DATE RECD. BY LOCAL REG.: 8-5-1958

26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Lloyd C. McCord

Licensed Embalmer No. 4853

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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