

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025819

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 374 Primary Registration District No. 4347 Registrar's No. 116

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962

VS 300
Rev. 4/59

1 1130
2 1130

3
4 1
5 2

6
7 0
8 0

9318.5

10
11
12 86.2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Worth County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Grant City</u>		c. CITY OR TOWN <u>Worth</u>	
Length of stay in 1b <u>90 days</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Grant City nursing home</u>		d. STREET ADDRESS (If outside, give location) <u>north part</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dora Mable Packer</u>		4. DATE OF DEATH Month Day Year <u>May 29 1962</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec-22-1900</u>
9. AGE (last birthday) <u>61</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>5 7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeper</u>	
11. BIRTHPLACE (City and state or country) <u>Worth County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ernest Bert Maxwell</u>		13b. MOTHER'S MAIDEN NAME <u>Mary C. Heaton</u>	
14. NAME OF HUSBAND OR WIFE <u>Earnest Packer</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 <u>Melvin Packer Worth Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>TOXEMIA</u> DUE TO (b) <u>PNEUMONIA</u> DUE TO (c) <u>CATALEPTIC IMMOBILITY</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>52 hours</u> <u>3 months</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>1958</u> to <u>MAY 28 1962</u> and last saw her alive on <u>MAY 28, 1962</u> Death occurred at <u>1:30</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Richard Sniffers</u>		22b. ADDRESS <u>Grant City, Mo</u>	
22c. DATE SIGNED <u>5-31-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Ma Burial 1962</u>	
23b. DATE <u>May 31 1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Snyder Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Gentry Missouri</u>		24. FUNERAL DIRECTOR <u>John Andrews Grant City Missouri</u>	
25. DATE RECD. BY LOCAL REG. <u>June 9-1962</u>		26. REGISTRAR'S SIGNATURE <u>Keta E. Dawson</u>	

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City 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.