

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 11 1949

State File No. 11425  
Registrar's No. 69

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

1. PLACE OF DEATH a. COUNTY <i>Andrew</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MO</i> b. COUNTY <i>Andrew</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mexico, Mo. 6 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Vandalia, Mo. 4</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Andrew County Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>502 W. Washington</i>	
3. NAME OF DECEASED (Type or Print) <i>Thomas Gabriel Packwood</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>4-24-49</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Aug 28-1894</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Roanoke Mo.</i>
13a. FATHER'S NAME <i>Gabriel Packwood</i>		13b. MOTHER'S MAIDEN NAME <i>Beriana Allen</i>	14. NAME OF HUSBAND OR WIFE <i>Mauder Packwood</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>486-12-6358</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mauder Packwood</i> ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>	
ANTECEDENT CAUSES		DUE TO (b) <i>1<sup>st</sup> &amp; 2<sup>nd</sup> degree Burn</i>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Hypertension</i>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <i>none</i>		19b. MAJOR FINDINGS OF OPERATION <i>none</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Vandalia, Andrew, Mo. 11</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>4 19 49 2 P.M.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>met at local things office</i>			
22. I hereby certify that I attended the deceased from <i>4/19</i> , 1949, to <i>4/24</i> , 1949, that I last saw the deceased alive on <i>4/24</i> , 1949, and that death occurred at <i>7 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Thos. L. Sawyer, M.D.</i>		23b. ADDRESS <i>Mexico, Mo.</i>	
23c. DATE SIGNED <i>4/26/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>4-26-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Vandalia</i>		24d. LOCATION (City, town, or county) (State) <i>Vandalia, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>April 30 49</i>		REGISTRAR'S SIGNATURE <i>Berene Neely</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Glen E. Smith</i>		ADDRESS <i>Vandalia, Mo.</i>	

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

RECEIVED

District Health Officer No

District File Number 5-49-8

Date Filed MAY 10 1949

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed Clyde C. Wilbey

Licensed Embalmer No. 3820

P. O. Address Perry 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 this body is not embalmed, fact should be so stated above.