

FILED MAY 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13183

State File No. 1816

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1802</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>25YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>3115 GRAND</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3115 GRAND</u>				d. STREET ADDRESS (If rural, give location) <u>3115 GRAND</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORTRA</u>		b. (Middle) <u>HELEN</u>		c. (Last) <u>PACK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 15, 1950</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>AUGUST 23, 1918</u>	
9. AGE (In years last birthday) <u>31</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>PURCYVAL JACKSON GREGORY</u>			13b. MOTHER'S MAIDEN NAME <u>FAY EVA MAY JOHNSTON</u>			14. NAME OF HUSBAND OR WIFE <u>JAMES PACK</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>UNKNOWN</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MR. JAMES PACK--3115 GRAND</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, asthma, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u>							
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u>							
DUE TO (c) <u>Rheumatic Heart</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Implantary Rheumatism</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks child</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>415X</u>					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>March 12, 1950</u> , to <u>April 15, 1950</u> , that I last saw the deceased alive on <u>April 13, 1950</u> , and that death occurred at <u>6:25 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James J. Critten</u> (Degree or title) <u>D.P.</u>				23b. ADDRESS <u>3119 Troost St. KC Mo</u>		23c. DATE SIGNED <u>4/17/50</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>4/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-18-50</u> REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO. K. C., MO.</u>			

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

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*A. J. Allen*

Licensed Embalmer No. *145*

P. O. Address *H. Chro*

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.