

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31793

State File No. \_\_\_\_\_

4006

FILED SEP 27 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>		c. LENGTH OF STAY (in this place) <u>30 YEARS</u>	
		d. STREET ADDRESS (If rural, give location) <u>506 W. 34</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elias</u>	b. (Middle) <u>MADOR</u>	c. (Last) <u>Packett</u>	4. DATE OF DEATH (Month) <u>9</u> (Day) <u>8</u> (Year) <u>52</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 5</u>	8. DATE OF BIRTH <u>DEC. 4, 1880</u>	9. AGE (In years last birthday) <u>71</u>	10 UNDER 1 YEAR Months _____ Days _____	11 UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED WATCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NEVEL LUGGAGE MFG. Co. K.C., Mo.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>FORTESCUE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>UNKNOWN PACKETT</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>PEARL BLAKE PACKETT</u>
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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>496-09-1336</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin A. Packett, 506 W. 34th St. K.C. Mo.</u>	ADDRESS <u>K.C. Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive intercerebral hemorrhage</u>			
ANTECEDENT CAUSES	DUE TO (b) <u>Cerebral arteriosclerosis</u>		
<i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	DUE TO (c) <u>Generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.		<u>331</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept. 2, 19 52, to Sept. 8, 19 52, that I last saw the deceased alive on Sept. 8, 19 52 and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Burns</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>24th &amp; Cherry</u>	23c. DATE SIGNED <u>9-8-52</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 10, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ASHLAND CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. JOSEPH MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>9-10-52</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>	ADDRESS <u>So. Kansas City, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

*Handwritten marks*

**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

*Charles H. Stehney*

Licensed Embalmer No. 4560

P. O. Address K.P. 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.