

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **30762**

FILED OCT 8 1957

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5042		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (Ridgley) Liberty		c. LENGTH OF STAY (in this place) 75 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ridgley			
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home				d. STREET ADDRESS (If rural, give location) 250 C			
3. NAME OF DECEASED (Type or Print) a. (First) Elbert b. (Middle) B c. (Last) Packwood			4. DATE OF DEATH (Month) (Day) (Year) Sept. 25 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 29 1882		9. AGE (In years last birthday) 75	10. IF UNDER 1 YEAR Months 5 Days 27	11. IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Minister		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Exeter, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Packwood		13b. MOTHER'S MAIDEN NAME Wadie Jane McCary		14. NAME OF HUSBAND OR WIFE Edith Packwood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 491-30-4800		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Packwood Exeter, Mo. R#			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Mortbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Essential Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 days 1 yr 6 mo
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 Jan 1946 , to Sept 1957 , that I last saw the deceased alive on Sept 24, 1957 , and that death occurred at 1:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lapurdus Do				23b. ADDRESS Cassville, Mo		23c. DATE SIGNED 9-28-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-29-57	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cem.		24d. LOCATION (City, town, or county) (State) Exeter, Mo.		
DATE REC'D BY LOCAL REG. 9-30-1957		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Morris Pogue Wheaton, Mo.			

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1057-182

DATE REC. 10-7-57

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 Keneth Duncan

Licensed Embalmer No. 4767

P. O. Address Wheaton 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.