

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036863
STATE FILE NUMBER

FILED NOV 5 1958 Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 197

S. 300 1
1-57

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINERAL Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 1 Webb City		Length of stay in lb 22 Yrs.	d. STREET ADDRESS (If outside, give location) Rt. 1 Webb City
3. NAME OF DECEASED (Type or print) First Middle Last Fred A Packham			4. DATE OF DEATH Month Day Year Oct. 25, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-29-1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brookfield, Mo.
13a. FATHER'S NAME Charles Packham		13b. MOTHER'S MAIDEN NAME Francis Packham	14. NAME OF HUSBAND OR WIFE
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. 493-16-5098	17. INFORMANT Address Gertie Talbott- Brookfield, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uncontrollable Secondary Anemia			INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Neuromyofibrillary Myopathy			1 yr.
DUE TO (c) Extensive Carcinoma of Prostate - metastatic			2 years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 177X			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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 3-25-54 to 8-30-54 and last saw her alive on 8-30-54 Death occurred at 11:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>P. W. Walker</i> (Degree or title) M.D.		22b. ADDRESS Joplin, Mo.	22c. DATE SIGNED 10-27-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-28-58	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Brookfield, Mo.
24. FUNERAL DIRECTOR Johnston-Arnice-Simpson Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 10-27-58	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>

All diseases in Part I must be causally related.

P. W. WALKER-MEDICAL CERTIFICATION ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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
Signature of Student Embalmer

Signed *Jack C. Simpson*

Licensed Embalmer No. *4647*
P. O. Address *Webb 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.