

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031329

FILED VS SEP 15 1959 374

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 34

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City		Length of stay in 1b 3 MO		c. CITY OR TOWN Grant City		Inside Limits Yes ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 607 W. Fourth		Inside Limits Yes ☐ No ☐		d. STREET ADDRESS (If outside, give location) 607 West Fourth		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First IDA Middle JANE Last PACKER				4. DATE OF DEATH Month Aug Day 25 Year 1957			
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH Dec 24, 1877	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Denver, MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JACK FARRIS		13b. MOTHER'S MAIDEN NAME CARRIE STANTON		14. NAME OF HUSBAND OR WIFE EVAN PACKER			
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. None		17. INFORMANT Address Mrs Faye Pinkerton Grant City, MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Embolus							10 min
DUE TO (b) Arteriosclerotic cardiovascular Disease							5 years
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐	SUICIDE ☐	HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	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 1954 to Aug 25, 1959 and last saw her alive on Aug 25 Death occurred at 6pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Signed or title) Frank B Matteson MD				22b. ADDRESS Grant city, Mo		22c. DATE SIGNED 8/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 28, 1959	23c. NAME OF CEMETERY OR CREMATORY Prarie Chapel Cemetry		23d. LOCATION (City, town, or county) Rural Denver, ID		(State)	
24. FUNERAL DIRECTOR Kenneth B. ...		ADDRESS Denver, MO		25. DATE RECD. BY LOCAL REG. Sept 10, 1959		26. REGISTRAR'S SIGNATURE Bowley Kibbe	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews

Licensed Embalmer No. 4211

P. O. Address Grant City

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.