

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014002

FILED VS APR 14 1960

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 4347 Registrar's No. 10

DED

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 Missouri			Length of stay in 1b 4 Mo		c. CITY OR TOWN Grant City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scott Nursing Home				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ARMANDA Middle JANE Last PACKER				4. DATE OF DEATH Month March Day I Year 1960			
5. SEX Female	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 July 17, 1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.		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 Missouri		12. CITIZEN OF WHAT COUNTRY United States		
13a. FATHER'S NAME JOHN LONG			13b. MOTHER'S MAIDEN NAME SUSANNA CADLE		14. NAME OF HUSBAND OR WIFE LEE 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 George Long, Stanberry 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) Pneumonia, following Influenza							INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic Cardiovascular Dis.; Large Varicose Scler.							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year							
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 <u>1958</u> to <u>1960</u> and last saw her alive on <u>29 Feb 1960</u> Death occurred at <u>5am</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Frank B Matteson M.D.</i> Frank B Matteson M.D.				22b. ADDRESS Grant City, MO		22c. DATE SIGNED 3/3/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 3, 1960	23c. NAME OF CEMETERY OR CREMATORY Prarie Chapel		23d. LOCATION (City, town, or county) (State) Denver, Mo			
24. FUNERAL DIRECTOR <i>Kenneth Brann</i> Kenneth Brann				25. DATE RECD. BY LOCAL REG. April 4 - 1960		26. REGISTRAR'S SIGNATURE <i>Leta E. Dawson</i> Leta E. Dawson	

(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 me
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.