

RT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 23 1960 318 Primary Registration District No. 1003 Registrar's No. 11067-60-044038 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KENTUCKY</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b <b>174 DAYS</b>	c. CITY OR TOWN <b>PADUCAH</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VAH, ST. LOUIS, MISSOURI</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>426 SOUTH 12TH ST.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>GEORGE M. PACK</b>			4. DATE OF DEATH <b>11/15/60</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>NEGRO</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/8/90</b>	9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>HERDIN COUNTY, TENNESSEE</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>ISIAH, PACK</b>		13b. MOTHER'S MAIDEN NAME <b>JANE COPELAND</b>		14. NAME OF HUSBAND OR WIFE <b>EVA PACK</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>402 10 9617</b>	17. INFORMANT Address <b>EVA PACK (WIDOW) SEE #2</b>		

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 <b>6 MONTHS</b>	
IMMEDIATE CAUSE (a) <b>ADENOCARCINOMA OF STOMACH WITH HEPATIC AND REGIONAL NODE METASTASES</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		<b>151X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>EPIGLOTTIS, STATUS POST OPERATIVE LARYNGECTOMY AND BILATERAL NECK DISSECTION</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. <input checked="" type="checkbox"/> attended the deceased from <b>5/25/60</b> to <b>11/15/60</b> and last saw him <input checked="" type="checkbox"/> alive on <b>11/15/60</b> Death occurred at <b>11:55 AM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Paul H. Johnson M.D.</i>			22b. ADDRESS <b>M.D. VAH, ST. LOUIS, MO.</b>		22c. DATE SIGNED <b>11/15/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Nov. 16, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Paducah Kentucky</b>		
24. FUNERAL DIRECTOR ADDRESS <b>J. H. RANDLE &amp; SON 3133 Bell Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 16 1960</b>	26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Esther N. Harris

Licensed Embalmer No. 411

P. O. Address 4181 W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.