

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033980

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1962

VS 300  
Rev. 4/59

1 0150

2 0150

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5 1

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7 1

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12 90-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Camden</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osage Township</b>		Length of stay in 1b <b>2 years</b>	c. CITY OR TOWN <b>Camdenton</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lake Road 5-84</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <b>Bear Paw Road Lake Road 5-84</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ira V Packard</b>			4. DATE OF DEATH Month Day Year <b>September 17, 1962</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>Nov. 16, 1893</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>aviator</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>68</b>
11a. BIRTHPLACE (City and state or country) <b>Gainesville, Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Ira B. Packard</b>		13b. MOTHER'S MAIDEN NAME <b>Arabelle Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Esther Packard</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes: WWI &amp; WWII</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Esther Packard</b> Address <b>Lake Road 5-84 Camdenton, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) <b>Ventricular Fibrillation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last.			<b>5 min.</b>
DUE TO (b) <b>Coronary Artery Occlusion</b>			<b>Years.</b>
DUE TO (c) <b>Coronary Arteriosclerosis</b>			
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. <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 checked="" 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 <b>1961</b> to <b>1962</b> and last saw him alive on <b>Sept. 17, 1962</b> Death occurred at <b>10<sup>00</sup>p.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J. P. Sanisor, M.D.</i> (Degree or title)		22b. ADDRESS <b>Camdenton, Mo.</b>	22c. DATE SIGNED <b>9-18-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9/21/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) <b>Springfield, Missouri</b> (State)
24. FUNERAL DIRECTOR <b>Walter P. Hedges</b> ADDRESS <b>Camdenton, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>Sept. 18-1962</b>	26. REGISTRAR'S SIGNATURE <i>Zilpha J. Inaw.</i>

USE BLACK INK OR TYPEWRITER RIBBON

SEP 25 1962

SEP 28 1962

**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 Walter A. Hedges

Licensed Embalmer No. 6265

P. O. Address Camdenton, Missouri

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.