

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16286

JUN 4 1952

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY Iron 0470		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron 0470	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville Mo. 4 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Graniteville Mo. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delivery		d. STREET ADDRESS (If rural, give location) General Delivery	

3. NAME OF DECEASED (Type or Print) Albert Lee Savage			4. DATE OF DEATH (Month) (Day) (Year) May 29 52		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 10/1883	9. AGE (In years last birthday) 68	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Winchester Illinois /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John R Savage		13b. MOTHER'S MAIDEN NAME Nancy Jane Ogle		14. NAME OF HUSBAND OR WIFE Mary H. Smith Deceased	
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. 354-09-8914		17. INFORMANT'S SIGNATURE OR NAME Mrs Wallace Edwards Graniteville, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE C. H. Russell (Degree or title) Coroner 3		23b. ADDRESS Ironton, Mo 226 No. Main St.		23c. DATE SIGNED 5/29/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 6/2/1952		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
				24d. LOCATION (City, town, or county) (State) Farmington Mo.	

DATE REC'D BY LOCAL REG. May 30, 1952		REGISTRAR'S SIGNATURE Mrs Elizabeth Logan 129-0		25. GENERAL DIRECTOR'S SIGNATURE Miller James Home Farmington	
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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~~.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

Paul R. Dugal

Signed.....

Student Embalmer

Licensed Embalmer No.

4720

P. O. Address.....

Summerton, N.C.

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 this body is not embalmed, fact should be so stated above.