

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

30824

State File No.

No. 300
10.48

FILED SEP 1 - 1953

BIRTH NO. _____ REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6210 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL UPTON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL NO UPTON TWP</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		1070 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PLATO MO</u>		d. STREET ADDRESS (If rural, give location) <u>PLATO, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>JERRY</u> c. (Last) <u>SAVAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 15, 1953</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JULY 10, 1937</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LACLEDE COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>GEORGE SAVAGE</u>	13b. MOTHER'S MAIDEN NAME <u>EFFIE MAY MC GOY</u>	14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-36-8096</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EFFIE MAY SAVAGE</u>	ADDRESS <u>PLATO, MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>broken neck & cervical chest</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	ANTECEDENT CAUSES As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>over turning of tractor</u> DUE TO (c) <u>on County road</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>near Co road</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Upton Twp., Texas, MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 15 1953 12</u>	21e. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>107</u>

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 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James L. Steutz (Crosser)</u>	(Degree or title)	23b. ADDRESS <u>Calool, Mo.</u>	23c. DATE SIGNED <u>8/19/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 18th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DITCH CHAPEL</u>	24d. LOCATION (City, town, or county) (State) <u>EMBREE, MO</u>
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DATE REC'D BY LOCAL REG. <u>Aug. 26-53</u>	REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>	327	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARBER FUNERAL HOME</u>	ADDRESS <u>MTN GROVE, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed..... *R. W. Barber*

Licensed Embalmer No. *3848*

P. O. Address..... *Mt. Hope*

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.