

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

34991

State File No. _____

BIRTH NO. _____	REG. DIST. NO. <u>30</u>	PRIMARY REG. DIST. NO. <u>4038</u>	Registrar's No. <u>44</u>
1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>WARSAW</u>	c. LENGTH OF STAY (If this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>WARSAW</u> <u>0080</u> OR TOWN <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BELLE</u> b. (Middle) <u>L.</u> c. (Last) <u>SAVAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 15, 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug 31, 1866</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Windsor, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Benj. R Lingle</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lingle</u>	14. NAME OF HUSBAND OR WIFE _____
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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lee Lingle</u> ADDRESS <u>Warsaw, Mo</u>

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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
---	---	--	--

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) <u>331X</u>
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 Jan, 1950, to 15 Oct, 1953, that I last saw the deceased alive on 6 Oct, 1953 and that death occurred at 9:20 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David H. Lenn</u> M.D.	23b. ADDRESS <u>Warsaw Mo</u>	23c. DATE SIGNED <u>17 Oct 53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverside</u>
24d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co. Mo</u>	DATE REC'D BY LOCAL REG. <u>Oct 17-1953</u>	REGISTRAR'S SIGNATURE <u>Geo. G. Logan</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Keser</u>	ADDRESS <u>Warsaw</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

FILED OCT 19 1953

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

John A. Riser

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.