

**STANDARD CERTIFICATE OF DEATH**

State File No. **1092**

**FILED FEB 15 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **304**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>HENRY</b>	b. CITY OR TOWN <b>Clinton</b>	a. STATE <b>Mo</b>	b. COUNTY <b>Henry</b>
c. LENGTH OF STAY (in this place) <b>10 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Clinton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>406 E Grandview</b>		d. STREET ADDRESS (If rural, give location) <b>406 E Grandview St</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>ALBERT</b>	b. (Middle) <b>J</b>	c. (Last) <b>Saveland</b>	<b>Feb 11 1954</b>		
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>4/10/1879</b>		<b>9. AGE</b> (In years last birthday) <b>75</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Milwaukee Wis</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					

<b>13a. FATHER'S NAME</b> <b>Thos Saveland</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Don't know</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Willa</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs Willa Saveland</b>
		<b>ADDRESS</b> <b>Clinton</b>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 YR</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>CARCINOMA SIGMOID COLON</b>		
	<b>ANTECEDENT CAUSES</b>		
	DUE TO (b) _____		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b> <b>1953</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>CARCINOMA SIGMOID COLON</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>NO</b>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>153X</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 1952, to 11 Feb., 1954, that I last saw the deceased alive on 11 Feb., 1954, and that death occurred at 7:20 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Hugh B. Walker, M.D.</b>	<b>23b. ADDRESS</b> <b>Clinton, Mo</b>	<b>23c. DATE SIGNED</b> <b>11 Feb. 1954</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>2/14/54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Englewood Cem</b>
		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Clinton Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>Feb 14 54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Florence Adair</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>J E Gussalun</b>
		<b>ADDRESS</b> <b>Clinton</b>

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 6 1955

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 \_\_\_\_\_

*J E Cousler*

Licensed Embalmer No. 1891

P. O. Address Clinton Mo

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.