

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5544**

BIRTH NO. **FILLED MAR 11 1954** REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355** Registrar's No. **10**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY NEW MADRID	b. CITY (If outside corporate limits, write RURAL and give town) NEW MADRID	a. STATE MISSOURI	b. COUNTY NEW MADRID
c. LENGTH OF STAY (in this place) 12 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) RURAL - NEW MADRID	d. STREET ADDRESS (If rural, give location) 0721 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) ALLEN	b. (Middle) SAVAGE	4. DATE OF DEATH FEB - 21 - 54	
5. SEX M	6. COLOR OR RACE COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 20, 1881
9. AGE (In years last birthday) 72	10. KIND OF BUSINESS OR INDUSTRY LABOR FARMING	11. BIRTHPLACE (State or foreign country) NORTH CAROLINA	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME CEILIE SAVAGE	13b. MOTHER'S MAIDEN NAME VNK.	14. NAME OF HUSBAND OR WIFE Mary Baker Savage
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. No.	17. INFORMANT'S SIGNATURE OR NAME Virginia Nelson, New Madrid, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		5 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage		4 months
DUE TO (c) Arterio Sclerosis		2 years	
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 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) (Min)	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 **10-12, 1933**, to **2-21-1954**, that I last saw the deceased alive on **2-21, 1954**, and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE James O. Cameron D.O.	23b. ADDRESS Box F Maraton Mo	23c. DATE SIGNED 2.27.54
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB-24-54	24c. NAME OF CEMETERY OR CREMATORY SANDHILL
24d. LOCATION (City, town, or county) (State) NEW MADRID MO.	25. FUNERAL DIRECTOR'S SIGNATURE Leo Hedgcock ADDRESS New Madrid, Mo.	
DATE REC'D BY LOCAL REG. 3-6-54	REGISTRAR'S SIGNATURE Helena Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE Leo Hedgcock ADDRESS New Madrid, Mo.

WRITE PLAINLY—USING UNFADING 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

Tommy S. Roberts

Licensed Embalmer No. *4886*

P. O. Address *New Madrid*

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.