Health, Welfare Public Service

300 1-56

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 1 - 1956

STATE FILE NUMBER 30224

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 280

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jefferson City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Mary's Hospital — Length of stay in 1b two days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cole
c. CITY OR TOWN Jefferson City 8264 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1112 West Dunklin — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First FRANK Middle ANTHONY Last SAVICK

4. DATE OF DEATH Month September Day 22nd Year '56

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH March 17th 1887
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR: Months 8 Days 5 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ironworker (Retired)
10b. KIND OF BUSINESS OR INDUSTRY Iron Construction
11. BIRTHPLACE (City and state or country) Kana, Lithuania
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Savick
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Frank Savick — Address 1112 W. Dunklin St. Jefferson City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute fibrinous peritonitis — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute membranous colitis with dilatation, etiology (?) — Longer
DUE TO (c) Acute pyelonephritis 8207 — Longer

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 32
Old fracture left hip; Note - 1955, patient had never completely recovered from this injury.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Patient fell when getting out of bus on Nov. 8, 1955 in Jefferson City, Mo.
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Nov. 8, 1955
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) In Jefferson City, Mo.
20f. CITY, TOWN, OR LOCATION Jefferson City, COUNTY Cole, STATE Mo.

21. I attended the deceased from 9/21/56, to 9/22/56 and last saw her/him alive on 9/22/56
Death occurred at 9/22/56 4:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Fred O. Teigen, (Degree or title) M.D.
22b. ADDRESS 213 Jackson, Jefferson City, Mo.
22c. DATE SIGNED 9/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 26th '56
23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery
23d. LOCATION (City, town, or county) (State) Jefferson City, Missouri

24. FUNERAL DIRECTOR Tanner Funeral Home — ADDRESS Jefferson City Mo
25. DATE RECD. BY LOCAL REG. 27 Sept 1956
26. REGISTRAR'S SIGNATURE R. P. Dorris MD-AR

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald P. Freeman
Donald P. Freeman

Licensed Embalmer No....462

P. O. Address. Jefferson Ci
Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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