

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018378
STATE FILE NUMBER

FILED JUN 4 1959 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City		Length of stay in 1b 2 Hours	d. STREET ADDRESS (If outside, give location) 101 Ninth
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Eugenia Llewellyn Savage			4. DATE OF DEATH Month Day Year May 29, 1959			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 28 July 1873		9. AGE (In years less birthday) 85	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dekalb County, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William E. Shultz		13b. MOTHER'S MAIDEN NAME No Record		
		14. NAME OF HUSBAND OR WIFE G. N. Savage				

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT E. B. Savage: 813 First Chillicothe, Mo.
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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 Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardiovascular disease	UNKNOWN
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from July 1953, to May 29, 1959 and last saw her alive on May 29, 1959
Death occurred at eleven: 0, five (11:05) P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William L. Farr, M.D.	22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED 5/31/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-1-59	23c. NAME OF CEMETERY OR CREMATORY IOOF	23d. LOCATION (City, town, or county) (State) Pattersonburg, Missouri
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24. FUNERAL DIRECTOR Norman Funeral Home: Chillicothe ADDRESS	25. DATE RECD. BY LOCAL REG. 5/21/59	26. REGISTRAR'S SIGNATURE Frances B Neill
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symbols will be stated.
All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Elton F. Norman*

Licensed Embalmer No. *4036*
P. O. Address *Chillicothe*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.