

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

49-61-023961  
STATE FILE NUMBER

AMENDED

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 49

FILED JUL 26 1961

|   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)   |  |  |  |
| a. COUNTY<br><b>Barry</b>   |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Cassville</b>                     |  | Length of stay in 1b<br><b>2 wks</b>  |  | c. CITY OR TOWN <b>Cassville</b>   |  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Valley Rest home</b>  |  |   |  | Inside Limits<br><input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)                                  |  |
| 3. NAME OF DECEASED (Type or print)   |  | First <b>JOHN</b>   |  | Middle <b>DAVID</b>   |  | Last <b>SAVAGE</b>   |  |
| 5. SEX<br><b>male</b>   |  | 6. COLOR OR RACE<br><b>white</b>  |  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>12-28-1882</b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>farming</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>farm</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Arkansas</b>   |  | 9. AGE (last birthday)<br><b>78</b>  |  |
| 13a. FATHER'S NAME<br><b>Jacob Arthur Savage</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Jane Vanderpool</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Deliah Terry Savage</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |  | 16. SOCIAL SECURITY NO.<br><b>no</b>  |  | 17. INFORMANT<br><b>Mrs. Champ Brattin-Cassville, Mo.</b>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) - <b>Uremia &amp; congestive heart failure</b>  |  |   |  |   |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>Chronic &amp; acute Pyelonephritis</b>  |  |   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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<br>Hour <b>8:00 P.M.</b><br>a.m.<br>p.m.  |  | Month, Day, Year  |  |   |  |  |  |
| 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   |  |
| 21. I attended the deceased from <b>6-26-61</b> to <b>7-8-61</b> and last saw him alive on <b>7-8-61</b><br>Death occurred at <b>8:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>Charles H. Mc</b>  |  |   |  | 22b. ADDRESS<br><b>Cassville Mo.</b>  |  | 22c. DATE SIGNED<br><b>7-10-61</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 23b. DATE<br><b>7-11-1961</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt. Pleasant Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Barry County, Missouri</b> |  |
| 24. FUNERAL DIRECTOR<br><b>Culver's</b>   |  | ADDRESS<br><b>Cassville, Missouri</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>9-17-1961</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Grave Williams</b>                             |  |

DATE AMENDED

INSTEAD OF DOCUMENT

ITEM NO. SHOULD READ BY AFFIDAVIT OF

MEDICAL CERTIFICATION

**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 Margaret C. Hember

Licensed Embalmer No. 4389

P. O. Address Cassville,

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.