

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041829

STATE FILE NUMBER

Registration District No. 242 Primary Registration District No. 4362 Registrar's No. 15

FILED NOV 17 1961

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

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| 3. NAME OF DECEASED (Type or print) First Middle Last Danny Allen Saville | | | 4. DATE OF DEATH Month Day Year Oct. 30, 1961 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 7-10-61 | 9. AGE (last birthday) IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HR Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | | 10b. KIND OF BUSINESS OR INDUSTRY child | 11. BIRTHPLACE (City and state or country) Dexter, Mo. | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Paul Saville | | 13b. MOTHER'S MAIDEN NAME Shirley Brooksher | | 14. NAME OF HUSBAND OR WIFE | |

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| 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. XXXXXXXXXX | 17. INFORMANT Paul Saville | Address Morehouse, 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) Pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 3 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | |

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| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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 a.m. p.m. | Month, Day, Year | | |

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|--|--|--|-----------------------------|--------------------------|
| 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 Dexter, Mo. | COUNTY New Madrid | STATE Missouri |
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21. I attended the deceased from 7-10-61 to 10-29-61 and last saw her alive on Oct 29th 1961
Death occurred at 7:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) | 22b. ADDRESS Dexter, Mo. | 22c. DATE SIGNED 11/3/61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 11-1-61 | 23c. NAME OF CEMETERY OR CREMATORY Hagy Cemetery | 23d. LOCATION (City, town, or county) Dexter, Mo. |
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| 24. FUNERAL DIRECTOR Watkins & Sons | ADDRESS Dexter, Mo. | 25. DATE RECD. BY LOCAL REG. 11-8-61 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> |
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1961 NOV 20

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 Mark W. Walters

Licensed Embalmer No. 4717

P. O. Address Dexter 110

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.