MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

PARTMENT OF PUBLIC HEALTH AND WELFARE

-62-000567
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 48

FILED FEB 13 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fultion, Mo. — Length of stay in 1b: 2 da.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): State Hospital # 1 — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 525 W. McCarty — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Friel Savin — Middle — Last
4. DATE OF DEATH: Month Jan, Day 28 Year 1962

5. SEX: Male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/10/1918
9. AGE (last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resturant
10b. KIND OF BUSINESS OR INDUSTRY: resturant
11. BIRTHPLACE (City and state or country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Howard Savin
13b. MOTHER'S MAIDEN NAME: Beulah Purse
14. NAME OF HUSBAND OR WIFE: Margerett Louise Savin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unk
16. SOCIAL SECURITY NO.: unk
17. INFORMANT: Margerett Louise Savin — Address: Jefferson City

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): Hepatic insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Laennec's Cirrhosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Esophagus - varicoses, bleeding

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 26 1962, to Jan 28 1962 and last ~~saw~~ ~~her~~ him alive on 1/28/62
Death occurred at 9:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. C. KERLER, M.D.
22b. ADDRESS: State Hospital, Fulton, Mo.
22c. DATE SIGNED: 1/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 31, 1962
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Missouri

24. FUNERAL DIRECTOR: Tanner Funeral Home Inc — ADDRESS: Jefferson City, Mo
25. DATE RECD. BY LOCAL REG.: Feb. 5. 1962
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

Robert M. King

(Licensed Embalmer's Statement on Reverse Side)

VS FEB 13 1962

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 Omer Howard Jones

Licensed Embalmer No. 4411

P. O. Address Belle Mo

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.