

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40674

State File No.

Registrar's No. 126

BIRTH NO. REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165

1. PLACE OF DEATH a. COUNTY Daviness		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviness	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gallatin	
c. LENGTH OF STAY (in this place) 1 Month		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION ---			

3. NAME OF DECEASED (Type or Print) a. (First) Bettie b. (Middle) Lenora c. (Last) Savage			4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1949	
---	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH April 13 1866	9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 8 Days 3 IF UNDER 1 HR. Hours --- Min. ---
----------------------	-------------------------------	--	---------------------------------------	---

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 (State or foreign country) Jamesport, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Nathaniel D. Cruzen	13b. MOTHER'S MAIDEN NAME Mary Gilliland	14. NAME OF HUSBAND OR WIFE Charles 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'S SIGNATURE OR NAME Earle M. Cruzen ADDRESS Gallatin, Mo.
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERESTED PERSONS AND DEATH CERT. Wife Children Children
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Hyper-tensive Card. Vascular Disease Chronic Anemia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4001
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	----------------------------

22. I hereby certify that I attended the deceased from **Dec 8**, 19**49** to **Dec 13**, 19**49**, that I last saw the deceased alive on **Dec 13**, 19**49**, and that death occurred at **4:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Steward M. Engelman M.D.	23b. ADDRESS Gallatin Mo	23c. DATE SIGNED Dec 20, 49
--	---------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-18-1949	24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery	24d. LOCATION (City, town, or county) (State) Gallatin, Mo.
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG 24 Dec. 1949	REGISTRAR'S SIGNATURE Virginia M. Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Hope Funeral Home ADDRESS Gallatin, Mo.
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1950



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
Student Embalmer

Signed *L. O. Richesson*

Licensed Embalmer No. *3302*

P. O. Address *Gallatin, 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 this body is not embalmed, fact should be so stated above.