

FILED FEB 20 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5068

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

1495  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 49

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jasper</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Joplin</b>  |                                  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Joplin</b>   |   |
| c. LENGTH OF STAY (in this place)<br><b>9 months</b>   |                                  | 0475<br>D   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Freeman Hospital</b>   |                                  | d. STREET ADDRESS (If rural, give location)<br><b>312 East 12th Street</b>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Pansy</b> b. (Middle) <b>Mae</b> c. (Last) <b>SAVAGE</b>   |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>January 18 1951</b>         |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>  | 8. DATE OF BIRTH<br><b>May 16, 1895</b>                                 |
| 9. AGE (In years last birthday) <b>55</b>  |                                  | IF UNDER 1 YEAR<br>Months _____ Days _____  | IF UNDER 24 HRS.<br>Hours _____ Min. _____                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Domestic</b>  | 11. BIRTHPLACE (State or foreign country)<br><b>Webb City, Missouri</b> |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |                                  |   |   |
| 13a. FATHER'S NAME<br><b>Henry Anthony</b>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Clara Blair</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>John F. 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>444-07-6198</b>   |   |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>John Savage 312E 9th St. Joplin, Mo.</b>   |                                  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                          |                                  | <p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute, overwhelming pulmonary oedema as a result of irritation by smoke</b></p> <p>INTERVAL BETWEEN ONSET AND DEATH<br/><b>Ap. 1 1/2 Hrs</b></p> <p>ANTECEDENT CAUSES<br/>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br/><b>DUE TO (b) _____</b></p> <p><b>DUE TO (c) _____</b></p> <p>II. OTHER SIGNIFICANT CONDITIONS<br/>Conditions contributing to the death but not related to the disease or condition causing death.<br/><b>Arterial hypertension and a cardiac asthma.</b></p> <p><b>88940</b><br/><b>27</b></p> <p><b>Unknown</b></p> |   |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>Accident</b>  |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>about home</b>   |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><b>Joplin 122 Jasper Missouri</b>   |                                  |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>1-18-51 9: P.</b>  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |   |
| 21f. HOW DID INJURY OCCUR?<br><b>Went to put fire in neighboring apt. and was over come</b>  |                                  |   |   |
| 22. I hereby certify that I attended the deceased from <b>1-18, 1951</b> , to <b>1-18, 1951</b> , that I last saw the deceased alive on <b>1-18, 1951</b> , and that death occurred at <b>10:35 P.M.</b> , from the causes and on the date stated above. |                                  |   |   |
| 23a. SIGNATURE (Degree or title)<br><b>[Signature]</b>   |                                  | 23b. ADDRESS  |   |
| 23c. DATE SIGNED   |                                  |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 24b. DATE<br><b>Jan 21, 1951</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Ball Town Cemetery</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Horton, Missouri</b>  |   |
| DATE REC'D BY LOCAL REG.<br><b>2-6-51</b>  |                                  | REGISTRAR'S SIGNATURE<br><b>[Signature]</b>   |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>[Signature]</b>   |                                  | ADDRESS<br><b>Thorpbill-Dillon Mort Joplin, Mo.</b>   |   |

RECEIVED 9-9-51  
Jasper County Health Office

County File Number 51-1-98  
Date Filed 2-9-51

FILED IN 51-1-98

FEB 20 1951

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 W. J. Anderson

Licensed Embalmer No. 4770

P. O. Address Joplin, 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.