No. 300
10.48

FILED JAN 13 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42569

State File No.

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 227

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SNI-A-BAR TWP Grain Valley
c. LENGTH OF STAY (In this place) 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grain Valley 0480
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Walter
b. (Middle) S.
c. (Last) Savage

4. DATE OF DEATH (Month) (Day) (Year) Dec-14-1952

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar-22-1879
9. AGE (In years last birthday) 73 | If under 1 year: Months, Days | If under 1 hr.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Beloit Kan
12. CITIZEN OF WHAT COUNTRY? U S a

13a. FATHER'S NAME O. W. Savage
13b. MOTHER'S MAIDEN NAME Hannah Manor
14. NAME OF HUSBAND OR WIFE Pearl Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Pearl Savage
ADDRESS Grain Valley 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Cholecystitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION H201
20. AUTOPSY? YES ☐ NO ☒

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1948, *to* Dec., 1952, *that I last saw the deceased alive on* Dec. 13, 1952, *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Charles Kimmler (Degree or title) D.O.
23b. ADDRESS Grain Valley, Mo
23c. DATE SIGNED 12-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 16-1952
24c. NAME OF CEMETERY OR CREMATORY Lees Summit
24d. LOCATION (City, town, or county) Lees Summit (State) Mo

DATE REC'D BY LOCAL REG. 12-15-52
REGISTRAR'S SIGNATURE Howard C. Earnshaw
25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home
ADDRESS Blue Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. B. Webb

Signed.....
Student Embalmer

Licensed Embalmer No. 2353

P. O. Address Blue Springs M

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.