

FILED JUN 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18248**
Registrar's No. **2567**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2567</u>			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS				b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 2 yrs. 3 mo.		c. CITY OR TOWN LEAWOOD		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR HAVEN MANOR REST HOME INSTITUTION 3526 WALNUT STREET				e. STREET ADDRESS (If rural, give location) 8421 BELINDER ROAD					
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL			b. (Middle) J.		c. (Last) SAVAGE		4. DATE OF DEATH (Month) (Day) (Year) MAY 17 1953		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 11, 1891		9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PRESIDENT			10b. KIND OF BUSINESS OR INDUSTRY ROOFING COMPANY			11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME PATRICK SAVAGE			13b. MOTHER'S MAIDEN NAME BRIDGET NEILON			14. NAME OF HUSBAND OR WIFE NORA 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 AND ADDRESS GEORGE SAVAGE, 8421 BELINDER ROAD, LEAWOOD, KANSAS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arterio sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 20 yrs 4500	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Aug 14</u> , 19 <u>48</u> , to <u>May 17</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>April 21</u> , 19 <u>53</u> , and that death occurred at <u>9:50 A.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Donald McFarland (Degree or title) MD				23b. ADDRESS 315 Nichols Rd			23c. DATE SIGNED 5/18/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 19, 1953		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY - MISSOURI			
DATE REC'D BY LOCAL REG. 5-19-53		REGISTRAR'S SIGNATURE Walding Smith		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer, 1221 S. GARDNER BLVD., KANSAS CITY, MO.					

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert L. Savage*.....

Licensed Embalmer No. *4812*.....

P. O. Address *Hanson, Pa.*.....

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.