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FILED MAY 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15208

435

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY GREENE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY GREENE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD c. LENGTH OF STAY (in this place) 18 DAYS

c. CITY OR TOWN SPRINGFIELD d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION WARNICK REST HOME

f. STREET ADDRESS (If rural, give location) 219 E. CHERRY 03960

3. NAME OF DECEASED a. (First) INEZ b. (Middle) M. c. (Last) SAVAGE

4. DATE OF DEATH MAY 17 1955

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH SEPT. 29 1892

9. AGE (In years at birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) SPRINGFIELD, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME F.J. CONWAY

13b. MOTHER'S MAIDEN NAME EMMA C. GUINN

14. NAME OF HUSBAND OR WIFE R.B. SAVAGE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS R.C. CONWAY SPRINGFIELD, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Renal Vascular Disease NOT KNOWN
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbidity 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.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

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) (Minute)

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 3-6, 1954, to 5-17, 1955, that I last saw the deceased alive on 5-16, 1955, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS SPRINGFIELD MO

23c. DATE SIGNED 5-20-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 5/20/55

24c. NAME OF CEMETERY OR CREMATORY Maple Park

24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.

DATE REC'D BY LOCAL REG. 5-20-55

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] SPRINGFIELD, 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 Gene C. Hunt.....

Licensed Embalmer No. 173

P. O. Address Springfield

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.