

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33508 ✓

State File No.

FILED OCT 25 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4266

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. LENGTH OF STAY (in this place) 27 Years	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital		STREET ADDRESS (If rural, give location) 1242 Washington	
3. NAME OF DECEASED (Type or Print) a. (First) Margaret		b. (Middle) E.	c. (Last) Savage
4. DATE OF DEATH (Month) (Day) (Year) Oct 2 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7 - 25 - 1901
9. AGE (In years last birthday) 54		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 at Home	11. BIRTHPLACE (City and State or Foreign Country) Weatherby Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Melvin Ernest Clapper		13b. MOTHER'S MAIDEN NAME Elizabeth Moore	14. NAME OF HUSBAND OR WIFE Walter Cleveland 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. 487-03-3048	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter C. Savage 1242 Washington
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) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 15 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 5 years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 48	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		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 <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 10-2 , 19 55 , to 10-2 , 19 55 , that I last saw the deceased alive on 10-2 , 19 55 , and that death occurred at 6 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Richard L. Owens (Degree or title) M.D.		23b. ADDRESS Rialto Bldg. Kans. City Mo.	23c. DATE SIGNED 10-4-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal/Burial		24b. DATE Oct 5 1955	24c. NAME OF CEMETERY OR CREMATORY Cape Cemetery
24d. LOCATION (City, town, or county) (State) Near Alta Vista Missouri			
DATE REC'D BY LOCAL REG. 10-4-55		REGISTRAR'S SIGNATURE Heva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody McGilley Eylar Kansas City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard Owens
Pinalto Bldg VI 2813
11-12915-
"

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 *Melvin Dartman*.....

Licensed Embalmer No..... *44*

P. O. Address..... *KCM*

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.