

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025304
STATE FILE NUMBER

Filed Jul 28 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 66

S. 300
1-57
0470
0
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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| 1. PLACE OF DEATH a. COUNTY Iron | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Ironton | | c. CITY OR TOWN Middlebrook 0470 | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) St. Mary's Hospital | | Length of stay in-hospital 4 weeks | |
| d. STREET ADDRESS | | (If outside, give location) | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

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| 3. NAME OF DECEASED (Type or print) First SAMUEL Middle HERBERT Last SAVAGE | | | 4. DATE OF DEATH Month July Day 10 Year 1958 | | |
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| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 10 1904 | 9. AGE (In years last birthday) 54 | FUNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator | 10b. KIND OF BUSINESS OR INDUSTRY iron mine | 11. BIRTHPLACE (City and state or country) Iron County Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Samuel Savage | 13b. MOTHER'S MAIDEN NAME Susan Smith | 14. NAME OF HUSBAND OR WIFE Ruby Savage |
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| 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. 497-05-1423 | 17. INFORMANT Ruby Savage, Middlebrook Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) far advanced carcinoma right lung (suspectible) | | INTERVAL BETWEEN ONSET AND DEATH 18 months |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | |
| | DUE TO (c) pleurisy with effusion 163X | 18 months |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from 6-13-58 to 7-10-58 and last saw ^{her} him alive on 7-10-58 Death occurred at 4:14 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title) R. E. Harland M.D. | 22b. ADDRESS Ironton, Missouri | 22c. DATE SIGNED 7-14-58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 7-13-58 | 23c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery | 23d. LOCATION (City, town, or county) (State) Glover, Missouri. |
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| 24. FUNERAL DIRECTOR White Funeral Home, Ironton, Mo. | 25. DATE RECD. BY LOCAL REG. 7-14-58 | 26. REGISTRAR'S SIGNATURE Mrs. Avis Jones |
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JUL 2 1958

AUG 29 1958

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 *Barcel White*

Licensed Embalmer No. *3012*

P. O. Address *Boston Mass*

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.