Health, & Welfare Public Service

S. 300 1-57

1

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037224

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. ~~5826~~ 240 Primary Registration District No. 5826 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Conran — Inside Limits Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Conran — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 072 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Carmiel Middle Bernard Last Savat

4. DATE OF DEATH Month Oct. Day 10 Year 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐
8. DATE OF BIRTH May 21, 1880
9. AGE (In years last birthday) 78 — 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) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Maldehon, Belgium 4
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Bernard Savat
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Rose Savat

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 Rose Savat — Address Conran, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 hour.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis — 2 years.
DUE TO (c) Atherosclerosis 4201 — 5 years.
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 ☐ NO ☑ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-1-56, to 10-10-58 and last saw her/him alive on 10-10-58
Death occurred at 1:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James O. Cameron D.O. 2
22b. ADDRESS Bloomfield Mo
22c. DATE SIGNED 10-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 11, 1958
23c. NAME OF CEMETERY OR CREMATORY Portageville Cemetery
23d. LOCATION (City, town, or county) (State) Portageville Mo.

24. FUNERAL DIRECTOR Denisle Funeral Parlor — ADDRESS Portageville, Mo
25. DATE RECD. BY LOCAL REG. 10-19-58
26. REGISTRAR'S SIGNATURE H. L. Ponder Deputy.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED OCT 21 1953
NEW MADRID CO. HEALTH CENTER
P.J.S.

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 Joseph A. DeLash

Licensed Embalmer No. 4481

P. O. Address PORTAGEVILLE, MO.

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.