

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-009794

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 85

FILED VS MAR 16 1961

1. PLACE OF DEATH
 a. COUNTY Marion
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in lb 50 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2609 Hope St. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY Marion
 c. CITY OR TOWN Hannibal Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 2609 Hope St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
CHARLES FRANKLIN SAVAGE, Sr. March 1, 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 2/16/1883 9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laster 10b. KIND OF BUSINESS OR INDUSTRY shoe factory 11. BIRTHPLACE (City and state or country) Putnam County, Mo. 12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME A. D. Savage 13b. MOTHER'S MAIDEN NAME Emily 14. NAME OF HUSBAND OR WIFE Anna 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. --- 17. INFORMANT Address Hannibal, Mo. Mrs. Anna Savage, 2609 Hope St.

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 3 days
 (b) Arteriosclerosis 8 mos.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 7/13/60 to 8/18/60 and last saw him ^{her} alive on 8/18/60
 Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) L. H. Watters, M.D. 22b. ADDRESS 1209 Broadway, Hannibal, Mo. 22c. DATE SIGNED 3/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 3/3/61 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery 23d. LOCATION (City, town, or county) (State) Hannibal, Mo.

24. FUNERAL DIRECTOR ADDRESS Jack Schwartz - Hannibal, Mo. 25. DATE RECD. BY LOCAL REG. 3-6-61 26. REGISTRAR'S SIGNATURE W. E. M... J. Lellan
m. Nerman

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 *Jack Selworthy*
Licensed Embalmer No. 4900

P. O. Address Hannibal,

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.