

CERTIFICATE OF DEATH

STATE FILE NUMBER
12470 0044722

Registration District No. 17 Primary Registration District No. 3016 Registrar's No. 581

DO NOT WRITE
ON THIS STUB

VS 300
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST SEX DATE OF DEATH (MONTH, DAY, YEAR)

1. Vickery Haynes Savage 2. Male 3. December 7, 1970

RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) AGE—LAST BIRTHDAY (YEAR) MONTH DAY UNDER 1 YEAR DATE OF BIRTH (MONTH, DAY, YEAR) COUNTY OF DEATH

4. White 5b. 75 5c. 5d. 5e. Aug. 31, 1895 7a. Cole

CITY, TOWN, OR LOCATION OF DEATH INSIDE CITY LIMITS (SPECIFY YES OR NO) HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)

7b. Jefferson City 7c. Yes 7d. Charles E. Still Hospital

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) CITIZEN OF WHAT COUNTRY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)

8. Missouri 9. USA 10. Married 11. Ruth Lillie Mae Smith

SOCIAL SECURITY NUMBER USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) KIND OF BUSINESS OR INDUSTRY

12. 497-26-2015 13a. Letter Carrier 13b. U.S. Post Office

RESIDENCE—STATE COUNTY CITY, TOWN, OR LOCATION INSIDE CITY LIMITS (SPECIFY YES OR NO) STREET AND NUMBER

14a. Missouri 14b. Moniteau 14c. California 14d. No 14e. Route 3

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

FATHER—NAME FIRST MIDDLE LAST MOTHER—MAIDEN NAME FIRST MIDDLE LAST

15. Samuel J. Savage 16. Mintie Haynes

INFORMANT—NAME MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

17a. Mrs. Lillie M. Savage 17b. Route 3 California, Mo. 65018

CAUSE

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

18. IMMEDIATE CAUSE

(a) Ventricular fibrillation 5 minutes

(b) Myocardial infarction 15 minutes

(c) Arteriosclerotic heart disease years

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)

19a. AUTOPSY (YES OR NO) 19b. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) DATE OF INJURY (MONTH, DAY, YEAR) HOUR HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)

20a. 20b. 20c. M. 20d.

INJURY AT WORK (SPECIFY YES OR NO) PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)

20e. 20f. 20g.

IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. ☐ YES ☐ NO ☐ UNK.

CERTIFIER

CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM TO

21a. 21b. 21c.

CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.

22a. HOUR OF DEATH MONTH DAY YEAR

22b. 1:35 PM Dec 7 1970

CERTIFIER—NAME (TYPE OF PRINT) SIGNATURE DEGREE OR TITLE DATE SIGNED (MONTH, DAY, YEAR)

23a. T. J. HANCOCK, DEPUTY CORONER 23b. 12/9/70

MAILING ADDRESS—CERTIFIER STREET OR R.F.D. NO. CITY OR TOWN STATE

23c. 420 E. High Jeff City Missouri 65101

BURIAL

BURIAL, CREMATION, REMOVAL (SPECIFY) CEMETERY OR CREMATORY—NAME LOCATION CITY OR TOWN STATE

24a. Burial-Removal 24b. Masonic Cemetery 24c. California, Missouri

DATE (MONTH, DAY, YEAR) FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)

25a. 12-9-1970 25b. Williams Funeral Home 211 S. Oak Calif., Mo. 65018

FUNERAL DIRECTOR—SIGNATURE REGISTRAR—SIGNATURE DATE RECEIVED BY LOCAL REGISTRAR

25c. 25d. 25e. 12-11-70

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DEC 15 1970

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

W. A. Woodard

Licensed Embalmer No. 5172

P. O. Address Springfield, 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.