

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20471

2835

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>32 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		5168	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KANSAS CITY SOUTHERN BLDG</u>				d. STREET ADDRESS (If rural, give location) <u>2916 LINWOOD BLVD</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>HAMMONS</u> c. (Last) <u>SINGLETON SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-23-1950</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT.-23-1886</u>	
9. AGE (In years last birthday) <u>63 YRS</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AST. TO GENERAL FREIGHT AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. SOUTHERN LINES</u>		11. BIRTHPLACE (State or foreign country) <u>WALNUT, KANSAS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AST. TO GENERAL FREIGHT AGENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>K.C. SOUTHERN LINES</u>		11. BIRTHPLACE (State or foreign country) <u>WALNUT, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>GEORGE SINGLETON</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGENE SINGLETON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS GEORGENE SINGLETON</u> ADDRESS <u>2916 LINWOOD BLVD KANSAS CITY, MO.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS -</u>				INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>CORONARY SCLEROSIS -</u>		<u>3 YRS.</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		<u>6 YRS.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4201</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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 <u>23-24 JUNE, 1950</u> , to <u>23 JUNE, 1950</u> , that I last saw the deceased alive on <u>JUNE 23, 1950</u> , and that death occurred at <u>4:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James W. Downey</u> (Degree or title) <u>James W. Downey M.D.</u>				23b. ADDRESS <u>800 ARYKE BLDG K.C. MO.</u>		23c. DATE SIGNED <u>24 JUNE 50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 27-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>—</u>		24d. LOCATION (City, town, or county) (State) <u>FALLS CITY NEBRASKA</u>	
DATE REC'D BY LOCAL REG. <u>6-27-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *W. B. Nofsinger*

Signed.....

Student Embalmer

Licensed Embalmer No. *3938*

P. O. Address *Lawrence, Kansas*

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 this body is not embalmed, fact should be so stated above.