

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25770

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT				
b. CITY (If outside corporate limits, write RURAL and give town or township) SIKESTON		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) SIKESTON		1002		
d. FULL NAME OF HOSPITAL OR INSTITUTION 318 PROSPERITY			d. STREET ADDRESS (If rural, give location) 318 PROSPERITY				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) THOMAS c. (Last) SINGLETON			4. DATE OF DEATH (Month) (Day) (Year) 7-5-1950				
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 1, 1886	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MILLER		10b. KIND OF BUSINESS OR INDUSTRY SCOTT CO. MILLING CO.	11. BIRTHPLACE (State or foreign country) NEW MADRID CO. MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME MARION SINGLETON		13b. MOTHER'S MAIDEN NAME ANNA SWAN		14. NAME OF HUSBAND OR WIFE Mrs. Corrie Singleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-05-7463	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Corrie Singleton - Sikeston Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum with metastases  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 yrs  154X 2 yrs	
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)		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 Aug 1949, to July 5, 1950, that I last saw the deceased alive on July 5, 1950, and that death occurred at 8:45 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. C. Litchlaw U (Degree or title)			23b. ADDRESS Sikeston Mo		23c. DATE SIGNED July 15, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-7-1950	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) SIKESTON MO				
DATE REC'D BY LOCAL REG. July 15-50		REGISTRAR'S SIGNATURE Mrs. Della Hunter	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Walsh Funeral Home - Sikeston Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED JUL 24 1961

SCOTT COUNTY HEALTH

CO. FILE NO. 750

APR 19 1961

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 .....  
Student Embalmer

Signed

*Raymond Crews*

Licensed Embalmer No. *3467*

P. O. Address *St. Keaton 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 this body is not embalmed, fact should be so stated above.