

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32349

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 6139 Registrar's No. 76

1020
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1. PLACE OF DEATH a. COUNTY <i>Shelby</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Shelby</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Black Creek</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - Black Creek</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Pleasant Hill Rest Home</i>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Thomas</i>	b. (Middle) <i>William</i>	c. (Last) <i>Singleton</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 27 - 1950</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never married</i>	8. DATE OF BIRTH <i>Nov 26 1871</i>	9. AGE (In years last birthday) <i>78</i>	# UNDER 1 YEAR Months <i>9</i>	1 YEAR Days <i>1</i>	# UNDER 1 WKS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (State or foreign country) <i>Shelby County, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Benjamin Singleton</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Vandiver</i>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <i>Pearl Torrey</i>	ADDRESS <i>Shelbyville Mo</i>
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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		INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Glomerular Nephritis</i>			<i>?</i>
	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.			<i>592X</i>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (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 6, 1950*, to *Aug 27, 1950*, that I last saw the deceased alive on *Aug 27, 1950*, and that death occurred at *11:55 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>T. G. Brewer M.D.</i>	(Degree or title)	23b. ADDRESS <i>Shelbyville Mo</i>	23c. DATE SIGNED <i>8-28-50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Aug 30 - 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Leonard Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Leonard Mo</i>
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DATE REC'D BY LOCAL REG. <i>Sept 6 - 50</i>	REGISTRAR'S SIGNATURE <i>Ada Garrison</i>	419	25. FUNERAL DIRECTOR'S SIGNATURE <i>E. P. Thompson</i>	ADDRESS <i>Shelbyville Mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: SEP 14 1950
DISTRICT HEALTH OFFICE #2
District File Number 9-50-157
Date Filed: SEP 15 1950

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. P. Thompson* _____

Licensed Embalmer No. *1632* _____

P. O. Address *Shelbyville 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.