

FILED FEB 23 1951

STANDARD CERTIFICATE OF DEATH

State File No. ....

3975

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Butler Gillis Bluff Twp.</u>		2. USUAL RESIDENCE (Where deceased lived, If institution residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pulaski Rural 3 sps</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Pulaski</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Wylie</u> b. (Middle) <u>Nelson</u> c. (Last) <u>Singleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29, 1951</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov 29, 1899</u>
9. AGE (In years last birthday) <u>50</u>		if UNDER 1 YEAR <u>2</u> Months <u>0</u> Days	if UNDER 1 HR. <u>0</u> Hours <u>0</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomfield, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John H. Singleton</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary England</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Singleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Singleton</u>		ADDRESS <u>Pulaski, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac De-compensation</u>		of 43X	
DUE TO (c) <u>Hypertension</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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 _____, 19____, to <u>Jan 24, 1951</u> , that I last saw the deceased alive on <u>Jan 24, 1951</u> , and that death occurred at <u>6:05 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Bernard L. Franklin</u> (Degree or title)		23b. ADDRESS <u>W. Campbell, Mo</u>	
23c. DATE SIGNED <u>1-29-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-29-51</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>McCullough Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo. - Rural</u>	
DATE REC'D BY LOCAL REG. <u>Feb 17 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u> <u>4280</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. German</u>		ADDRESS <u>Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1120

RECEIVED  
FEB 20 1951  
BUTLER CO. HEALTH CENTER  
FILE No. 251-87

APR 18 1958

MAY 15 1956

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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.....

*John W. Gerner*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.