

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22267

FILED JUL 14 1953

REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) Wellsville			c. LENGTH OF STAY (In this place) 33yrs			c. CITY (If outside corporate limits, write RURAL and give township) Wellsville Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) a. (First) Milton			b. (Middle) E. S.		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) 7-8-53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 5-7-1887	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 2 Days 1	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman			10b. KIND OF BUSINESS OR INDUSTRY Clay Industry		11. BIRTHPLACE (State or foreign country) Danville Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Singleton			13b. MOTHER'S MAIDEN NAME Mary Owen		14. NAME OF HUSBAND OR WIFE Mrs Stella Singleton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 459-01-4829		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Stella Singleton--Welleville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 15 min	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420/...				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 July 8, 1953 to July 8, 1953 that I last saw the deceased alive on July 8, 1953 and that death occurred at 12:56 from the causes and on the date stated above.							
23a. SIGNATURE J. J. Byland MD				23b. ADDRESS Wellsville Mo		23c. DATE SIGNED 7/8/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-10-53	24c. NAME OF CEMETERY OR CREMATORY Wellsville		24d. LOCATION (City, town, or county) (State) Wellsville Mo		
DATE REC'D BY LOCAL REG. 7-8-53		REGISTRAR'S SIGNATURE W.S. Romane Jr		425		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Montgomery City Mo	

(Licensed Embalmer's Statement on Reverse Side)

C. W. HOPKINS

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

EXPIRES 7/1/54

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, XX, On the 8
day of July 1953 Student Embalmer No. _____

working under my personal supervision.

C. W. Hopkins

Student
Student Embalmer

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.