

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40316

State File No.

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5076 Registrar's No. 46

I. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Anselmy Twp</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Anselmy Twp</u> <u>0150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>about 1 Mi. N.E. Stouland</u>				d. STREET ADDRESS (If rural, give location) <u>about 1 Mi. N.E. Stouland MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERNIE</u> b. (Middle) <u>B</u> c. (Last) <u>SINGLETON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1954</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 21 1884</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>2</u>	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (State or foreign country) <u>Near Eichel Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William H. Singleton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary E. Smedley</u>		14. NAME OF HUSBAND OR WIFE <u>Not Married</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Uernie Singleton Stouland 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension "A stroke"</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 years</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stouland MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		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>Jan 31 1954</u> , to <u>Dec 22 1954</u> , that I last saw the deceased alive on <u>Dec 22 1954</u> ; and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. E. Eastman M.D.</u>				23b. ADDRESS <u>Stouland</u>		23c. DATE SIGNED <u>Dec. 23 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 24 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stouland MO</u>		
DATE REC'D BY LOCAL REG. <u>Dec. 27 1954</u>		REGISTRAR'S SIGNATURE <u>Zilpha Traw</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Virgil Evans</u>		ADDRESS <u>Stouland 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.....

....., **Student Embalmer No.**

working under my personal supervision.

Student

Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.