

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED MAR 31 1955

BIRTH NO. REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 8

0370

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

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>GASCONADE</u>	
b. CITY OR TOWN <u>ROARK TWP RURAL</u> c. LENGTH OF STAY (In this place) <u>7 yrs</u>		c. CITY OR TOWN <u>RURAL. ROARK TWP</u> <u>0370</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. EAST OF HERMANN</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. EAST OF HERMANN</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>M.</u> c. (Last) <u>SINGER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 4 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY-16-1878</u>
9. AGE (In years last birthday) <u>76</u>		# UNDER 1 YEAR <input checked="" type="checkbox"/>	# UNDER 1 Mth. <input checked="" type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MERCHANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTORANT</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sidney Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph SINGER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA LOTH</u>	
14. NAME OF HUSBAND OR WIFE <u>O'TILLIE SINGER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harry M. Singer</u>		ADDRESS <u>Hermann 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>GANGRENE OF LEG</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS.</u> DUE TO (c) <u>DIABETES Mellitus</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 <u>260 X</u>	
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) (Min.)		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>1-28, 1955</u> , to <u>3-4, 1955</u> , that I last saw the deceased alive on <u>3-3, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George M. Workman M.D.</u>		23b. ADDRESS <u>HERMANN, MO</u>	
23c. DATE SIGNED <u>3-6-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/6/1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN MO</u>	
DATE REC'D BY LOCAL REG. <u>3-5-55</u>		REGISTRAR'S SIGNATURE <u>Delma Berken 4920</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Hugost O'Connell</u>		ADDRESS <u>Hermann Mo</u>	

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 _____

Hugos B. Penner

Licensed Embalmer No. 3160

P. O. Address Herrman 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.