

FILED OCT 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30121

BIRTH NO. _____		REG. DIST. NO. 183		PRIMARY REG. DIST. NO. 5685		Registrar's No. 30121	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Lim			
b. CITY (If outside corporate limits, write RURAL and give town) R.F.D. Linneus		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Linneus		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: None				e. STREET ADDRESS (If rural, give location) R.F.D. Mo. 2580			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) Lewis		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) Oct. 3 1955.	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Apr. 16th. 1867.	
9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Linn Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Taylor Singleton		13b. MOTHER'S MAIDEN NAME Kathrine Watson		14. NAME OF HUSBAND OR WIFE Mildred Singleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ray Howell Linneus, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sensibility</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Anterior sclerotic Kidneys</i> DUE TO (c) <i>446X</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
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 <i>Sept 21, 1955</i> to <i>Sept 21, 1955</i> that I last saw the deceased alive on <i>Sept 21, 1955</i> and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Ray R. Haley</i>		(Degree or title)		23b. ADDRESS <i>9409 Brookfield Mo</i>		23c. DATE SIGNED <i>10-5-55</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 5 th. 1955		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive		24d. LOCATION (City, town, or county) (State) Linn Co. Mo. Rual	
DATE REC'D BY LOCAL REG. <i>Sept 9 1955</i>		REGISTRAR'S SIGNATURE <i>Elva Crookshanks</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>G. B. K... ..</i>			

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 J. B. Brothers, Student Embalmer No. 200 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. B. Brothers
Licensed Embalmer No. 200

P. O. Address 2111 N. 1st St.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.