

FILED DEC 5 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH36074
State File No.

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>1243</u>			
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Buchanan					
b. CITY (If rural, give name of township and give town) St. Joseph		c. LENGTH OF STAY (in this place) 10 yrs		c. CITY OR TOWN St. Joseph,		d. Is Residence within limits of a city or incorporated town? No			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt #8				e. STREET ADDRESS (If rural, give location) RT#8					
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Edgar		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21 1955			
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 4, 1892			
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 11 Days 17		10. IF UNDER 14 HRS. Hours 11 Min. 17		11. BIRTHPLACE (City and State or Foreign Country) Halls, Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Scott Singleton		13b. MOTHER'S MAIDEN NAME Ellen Barnes		14. NAME OF HUSBAND OR WIFE Anna Belle Singleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Anna Belle Singleton		ADDRESS St. Joseph			
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) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Chronic Bronchial Asthma DUE TO (c) Pulmonary Emphysema II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5020				INTERVAL BETWEEN ONSET AND DEATH Unk. Unk.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒					
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10/28</u> , 19 <u>55</u> , to <u>11/21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>11/21</u> , 19 <u>55</u> , and that death occurred at <u>12:35 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE Ellis Rounley M.D.		(Degree or title) M.D.		23b. ADDRESS Kirkpatrick Bldg. St. Joseph, Missouri		23c. DATE SIGNED 11/22/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/23/55		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo			
DATE REC'D BY LOCAL REG. Nov 28, 1955		REGISTRAR'S SIGNATURE Robert M. Allison		5. FINANCIAL DIRECTOR'S SIGNATURE Robert M. Allison		ADDRESS St. Joseph, Mo			
(Licensed Embalmer's Statement on Reverse Side)									

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

DEC 6 1952

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.....
Signature of Student Embalmer

Signed.....
John E. Rupp

Licensed Embalmer No. 39

P. O. Address.....
A. Joseph

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.