

FILED JAN 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **871**

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 2		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission. a. STATE Mo. b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) Kennett		c. LENGTH OF STAY (in this place) 25 Years		c. CITY OR TOWN Kennett		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home				STREET ADDRESS (If rural, give location) 410 Randal St.				
3. NAME OF DECEASED (Type or Print) a. (First) Alvis			b. (Middle) Monroe		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) 1 2 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-17-1874		9. AGE (in years last birthday) 82	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railroad Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Dextor, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Singleton			13b. MOTHER'S MAIDEN NAME Sarah Stanfield		14. NAME OF HUSBAND OR WIFE Mollie Singleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Chas. Singleton				ADDRESS 302 - Chase St
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 Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 20 min.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stalling the underlying cause last.						DUE TO (b) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	DUE TO (c) _____						331X	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 A m., from the causes and on the date stated above.								
23a. SIGNATURE Quincy James Quincy James, Coroner, Dunklin County				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 1-4-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/4/1956		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge		24d. LOCATION (City, town, or county) (State) Kennett Mo		
DATE REC'D BY LOCAL REG. 1-4-1956		REGISTRAR'S SIGNATURE Earl H. ...		25. FUNERAL DIRECTOR'S SIGNATURE Emerson J. ...		ADDRESS ...		

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-16-56

COUNTY FILE NUMBER 156-18

1956 FEB 1 10 1956

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... *W. J. Emmer*

Licensed Embalmer No. 35

P. O. Address *James*

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.