

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16430**

FILED JUN 10 1957

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	
c. LENGTH OF STAY (in this place) <u>8 yr.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>505 South Main St.</u>		e. STREET ADDRESS (If rural, give location) <u>505 South Main St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alberta</u> b. (Middle) <u>Claire</u> c. (Last) <u>Singleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1957</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>August 1, 1900</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 2 Hrs. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bedford, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			

13a. FATHER'S NAME <u>Mac D. Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>Maude Hicks</u>		14. NAME OF HUSBAND OR WIFE <u>Elene Singleton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>702-09-9992</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Irvin D. Singleton</u> ADDRESS <u>Carrollton, Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>coronary artery occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Cirrhosis of Liver</u>			
		DUE TO (c) <u>alcoholism</u>			
		II. OTHER SIGNIFICANT CONDITIONS		581.1	
		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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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 1-9, 1926, to 8-9, 1956, that I last saw the deceased alive on 8-9, 1956, and that death occurred at home from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William S. Everett, D.O.</u>		23b. ADDRESS <u>Carrollton, Mo</u>		23c. DATE SIGNED <u>6-3-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arkedelpha Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Missouri</u>	

DATE REC'D BY LOCAL REG. <u>6/3/57</u>		REGISTRAR'S SIGNATURE <u>Maude Hicks Calvert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Marshall Funeral Home</u> ADDRESS <u>Carrollton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *R. M. Marshall*.....

Licensed Embalmer No. *2525*.....

P. O. Address *Carrollton 7*.....

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.