

FILED JUL 9 1957

Registration District No. 13 Primary Registration District No. 32030 Registrar's No. 86

300

1-57

4

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggins Rest Home		Length of stay in lb 30 Yrs		STREET ADDRESS (If outside, give location) 005 300 Frisco.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EZRA Middle M. Last SINGER				4. DATE OF DEATH June 26, 1957 Month Day Year				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1876	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 24 HRS. Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME W. B. Singer			13b. MOTHER'S MAIDEN NAME Carolyn Clay			14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address C. E. Singer Aurora, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Degeneration						INTERVAL BETWEEN ONSET AND DEATH 1 1/2		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Pneumonia (Hypostatic)				DUE TO (c) H22.7		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 2-18-57 to 6-26-57 and last saw her alive on 6-25-57 Death occurred at 9:40 P m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Harold H. New MD (Doctor or title)				22b. ADDRESS Monett Mo.		22c. DATE SIGNED 6-28-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 29, 57		23c. NAME OF CEMETERY OR CREMATORY Marionville Cem.		23d. LOCATION (City, town, or county) (State) Marionville, Missouri		
24. FUNERAL DIRECTOR J. D. Buchanan ADDRESS Monett, Mo.			25. DATE RECD. BY LOCAL REG. 6-29-57		26. REGISTRAR'S SIGNATURE Chas. A. Bridges			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 757-108

DATE REC. 7-1-57

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.