

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040608

STATE FILE NUMBER

FILED NOV 21 1958

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 114

300)
1-57

1. PLACE OF DEATH a. COUNTY Lawrence County			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION E. Odell Street		Length of stay in 1b 8yrs.	155 d. STREET ADDRESS E. O'Dell St.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Alfred Middle Roy Last Singer			4. DATE OF DEATH Month Nov. Day 18, Year 1958		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 7 1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 5 Days 11 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired guard Medical		10b. KIND OF BUSINESS OR INDUSTRY C enter	11. BIRTHPLACE (City and state or country) Greene Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Singer		13b. MOTHER'S MAIDEN NAME Serilla Brown		14. NAME OF HUSBAND OR WIFE Clarebell Singer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes World War I		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Serilla Singer, Marionville, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis with thrombosis					INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis					3 years
DUE TO (c)					
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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 Nov. 10, 1958 , to Nov 18, 1958 and last saw him alive on Nov 18, 1958 Death occurred at 3:10 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Denned L. Kelley M.D.			22b. ADDRESS Marionville, Mo.		22c. DATE SIGNED 11/19/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/21/58	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows		23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR J. B. Sumidge		ADDRESS Marionville, Mo.		25. DATE RECD. BY LOCAL REG. 11-19-58	26. REGISTRAR'S SIGNATURE Ora Mc Natt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Secretary, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

1956 4 1001

1001 3 1001

BSC. 23 1001

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 *William A. Fuller*

Licensed Embalmer No. *4658*

P. O. Address *Marionville*

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.