

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000648

STATE FILE NUMBER

FILED JAN 23 1959

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 6

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| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Smithville | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Smithville <i>1830</i> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hosp. | | Length of stay in lb 10 Days | d. STREET (If outside, give location) 1 mile west of Smithville |
| | | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Robert Middle Hale Last Singleton | | | 4. DATE OF DEATH Month Jan. Day 9, Year 1959 | |
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| 5. SEX Ma | 6. COLOR OR RACE Wh | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 11, 1894 | 9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. | IF UNDER 24 HRS. Hours 0 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farm | 11. BIRTHPLACE (City and state or country) Platte County, Mo. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME A. D. Singleton | 13b. MOTHER'S MAIDEN NAME Margaret E. Collier | 14. NAME OF HUSBAND OR WIFE Lelia Carney Singleton |
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| 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. 490-42-6640 | 17. INFORMANT Glenn F. Singleton | Address Liberty, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemolytic Crisis | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Acute Stem Cell Leukemia | |
| | DUE TO (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2043 | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

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| 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.) |
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| 20c. TIME OF INJURY Hour 3 Month 3 Day 3 Year 1959 a.m. p.m. | |
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| 20d. INJURY OCCURRED WHILE AT WORK <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 Smithville, Mo. | COUNTY Platte | STATE Mo. |
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21. I attended the deceased from **12-30-58** to **1-9-59** and last saw ^{her} _{him} alive on **3:40 PM 1-9-59**
Death occurred at **3:35** m on the date stated above; and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE Samuel A. M. D. (Deputy or title) | 22b. ADDRESS Smithville, Mo. | 22c. DATE SIGNED 1-10-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-11-59 | 23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | 23d. LOCATION (City, town, or county) (State) Smithville, Missouri |
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| 24. FUNERAL DIRECTOR McComas Funeral Home | ADDRESS Smithville, Mo. | 25. DATE RECD. BY LOCAL REG. 1-10-59 | 26. REGISTRAR'S SIGNATURE Marguerite Hudgens |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Donald W. Hanker*

Licensed Embalmer No. *4521*
P. O. Address. *Smithville, 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.