

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022186  
STATE FILE NUMBER

FILED JUN 29 1959 Registration District No. 209 Primary Registration District No. Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Marion</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Palmyra</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Palmyra</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Maple Lawn R.H.</b>		Length of stay in lb <b>2 months</b>	d. STREET ADDRESS (If outside, give location) <b>213A South Main</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Florence</b> Last <b>Singleton</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6 Dec. 1886</b> 9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Philadelphia, Mo.</b>
13. FATHER'S NAME <b>James Allen</b>		14. MOTHER'S MAIDEN NAME <b>Mary Crane</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Miss Maurine Singleton, Palmyra, Mo.</b> Address

18. CAUSE OF DEATH [Enter only one cause on line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial pneumonia</b> DUE TO (b) <b>Fractured hip.</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>3 da.</b> <b>8 mo.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Senile dementia Arterio sclerosis</b>		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 <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Palmyra Mo.</b>	COUNTY <b>064</b> STATE
21. I attended the deceased from <b>1953</b> to <b>June 13, 1959</b> and last saw her alive on <b>June 7, 1959</b> Death occurred at <b>5:23 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>J. H. Allen</b> (Deputy or title)	22b. ADDRESS <b>Palmyra Mo.</b>	22c. DATE SIGNED <b>6/16/59</b>

23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>15 June 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>
24. FUNERAL DIRECTOR <b>Lewis Brothers', Palmyra, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>6-20-59</b>	26. REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b> <b>But Viola Spec. Deputy</b>	

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare  
Public Health Service  
300  
1-56  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
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C

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED JUN 26 1959 7  
MARION CO. HEALTH DEPT.  
DATE FILED JUN 26 1959

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 *George W. Lewis*

Licensed Embalmer No. 4851

P. O. Address Palmyra, Mi

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.