

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025838

FILED VS JUL 25 1960

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 409

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY BOONE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Allen		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COLUMBIA		Length of stay in 1b 25 days	c. CITY OR TOWN Iola		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BOONE COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 702 S Sycamore		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First WALTER Middle TURNER Last SINGLETON			4. DATE OF DEATH Month JULY Day 17 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		8. DATE OF BIRTH 12/7/1879	9. AGE (last birthday) 80
			IF UNDER 1 YEAR Months 7 Days 10		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired social worker		10b. KIND OF BUSINESS OR INDUSTRY Social Work		11. BIRTHPLACE (City and state or country) Shelby County Mo	12. CITIZEN OF WHAT COUNTRY U. S.
13a. FATHER'S NAME Deet Singleton		13b. MOTHER'S MAIDEN NAME Ollie McGruder		14. NAME OF HUSBAND OR WIFE Edna Moore	
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. 512-30-1965	17. INFORMANT Address Mrs Clyde Cunningham, Columbia, 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) MYOCARDIAL INFARCTION					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerotic heart disease					Unknown
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) fracture, rt femur, 19 June 60				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 11:56 P Month, Day, Year June 19 60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 23 June 60 to 17 July 60 and last saw him alive on 17 July 60 Death occurred at 1:56 P m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Roland P. Faddeus MD			22b. ADDRESS Columbia, Mo		22c. DATE SIGNED 17 July 60
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 18, 1960	23c. NAME OF CEMETERY OR CREMATORY Highland Cem.	23d. LOCATION (City, town, or county) Iola, Kansas		
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. July 18 1960	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer		

DEED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 27 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wes L. Fanning

Licensed Embalmer No. 341

P. O. Address Columbia

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.