IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

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Registration District No. 217 Primary Registration District No. 5785 Registrar's No. 71

-60-039070
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bertrand — Length of stay in 1b: 7 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) RFD - 2 mi SE Bertrand — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Mississippi
c. CITY OR TOWN Bertrand — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Calvin Middle: Michael Last: Singleton
4. DATE OF DEATH Month Day Year: 9/3/1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5/9/1953
9. AGE (last birthday): 7
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Schoolboy
11. BIRTHPLACE (City and state or country): Sikeston, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Calvin Singleton
13b. MOTHER'S MAIDEN NAME: Anna Lee Wilkerson
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Calvin Wilkerson (Mother) Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Crushed skull — INTERVAL BETWEEN ONSET AND DEATH: instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) The boy fell from a a farm trailer that was being pulled by a farm tractor driven by his father Calvin Singleton.
20c. TIME OF INJURY Hour: 5:15 a.m. p.m. Month, Day, Year: 9/3/60
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Home
20f. CITY, TOWN, OR LOCATION: Bertrand COUNTY: Mississippi STATE: Missouri

21. I attended the deceased ~~AS CORONER ONLY~~, to ____ and last saw her/him alive on ____
Death occurred at 5:15 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Edwin McMillen (Degree or title): CORONER
22b. ADDRESS: Charleston, Missouri
22c. DATE SIGNED: 9/5/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/5/60
23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Cemetery
23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR: Guy K. Nunnelee, Jr. ADDRESS: NUNNELEE FUNERAL CHAPEL, Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 11-11-60
26. REGISTRAR'S SIGNATURE: Dorothy B. Hatchon

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF

DOCUMENT

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 John D. Nunnelee

Licensed Embalmer No. 3851

P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.