

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **13033**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>2038</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Brookfield</u> )		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Laclede</u>		d. STREET ADDRESS (If rural, give location) <u>no street number</u>	
d. FULL NAME OF (If not in hospital) or institution, give street address or location <u>McLarney Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>no street number</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Singleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb-2-1874</u>	
9. AGE (in years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>		IF UNDER 1 YEAR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John L. Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lee-Ora McAvan Singleton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Willie Singleton</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart failure &amp; uremia</u> DUE TO (c) <u>Hypertension, Chronic nephrit.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4-1</u> 1949, to <u>4-23</u> , 1949, that I last saw the deceased alive on <u>4-23</u> , 1949, and that death occurred at <u>9:00 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Erwin T. Olson</u> (Degree or title) <u>O.M.P.</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>4-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salisbury City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Salisbury Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 30-1949</u>		REGISTRAR'S SIGNATURE <u>A. B. Erwin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles W. Lindberg</u>		ADDRESS <u>Salisbury Mo</u>	

DISTRICT HEALTH OFFICE  
Cameron, Mo.

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.

Signed \_\_\_\_\_

*Charles W. Weidner*

Licensed Embalmer No. 3842

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Salisbury, 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 this body is not embalmed, fact should be so stated above.