

FILED JUL 12 1949

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20175

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Marceline,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2</u>	
c. LENGTH OF STAY (In this place) <u>20yrs</u>		d. STREET ADDRESS (If rural, give location) <u>222 East Santa Fe.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>William</u>	c. (Last) <u>Singleton.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 17. 1949</u>
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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>March 3, 1910</u>	9. AGE (In years last birthday) <u>39</u>	if UNDER 1 YEAR <u>5</u> Days	if UNDER 24 HRS. <u>14</u> Hours <u>Min.</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Santa Fe</u>	10b. KIND OF BUSINESS/OR INDUSTRY <u>Conductor</u>	11. BIRTHPLACE (State or foreign country) <u>Browning Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles D. Singleton</u>	13b. MOTHER'S MAIDEN NAME <u>Rose E. Alexander</u>	14. NAME OF HUSBAND OR WIFE <u>Doris Jean Singleton</u>
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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) <u>yes World War 2</u>	16. SOCIAL SECURITY NO. <u>709-14-2866</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doris Jean Singleton</u>	ADDRESS <u>Marceline, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebrovascular Insult</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1948 to June 17, 1949, that I last saw the deceased alive on June 17, 1949, and that death occurred at 11:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Robert W. Smith M.D.</u>	23b. ADDRESS <u>Marceline, Mo</u>	23c. DATE SIGNED <u>June 18, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laclede Cemetry.</u>	24d. LOCATION (City, town, or county) (State) <u>Laclede, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 23, 1949</u>	REGISTRAR'S SIGNATURE <u>Mary Jane Owens</u>	401 25. FUNERAL DIRECTOR'S SIGNATURE <u>James M. Lough</u>	ADDRESS <u>Marceline, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 22 1949

JUL 21 1949

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
Student Embalmer

Signed Blanche McLaughlin

Licensed Embalmer No. 1809

P. O. Address Marceline, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.