

No. 300  
10.48

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9711

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 225 PRIMARY REG. DIST. NO. 4342 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Jonesburg</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Jonesburg</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <u>city 4 1/2</u>		d. STREET ADDRESS (If rural, give location) <u>1110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>JAMES JACKSON SINGLETON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 3 1855</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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		11. BIRTHPLACE (State or foreign country) <u>Warren County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Joseph Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>Marion Brotherton</u>		14. NAME OF HUSBAND OR WIFE <u>Olson Singleton</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>x Maude Singleton Jonesburg Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Edema of Heart</u>		DUE TO (b) <u>Chronic Myocarditis</u>		<u>1 hour</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Arterio-Sclerosis</u>		<u>3 yrs</u>	
2. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)				<u>15 yrs</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) <u>NO</u>		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) (Min.)		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 Jan 20, 1942, to March 22 1950, that I last saw the deceased alive on March 22 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James O. Helm M.D. U</u>		23b. ADDRESS <u>New Florence Mo.</u>		23c. DATE SIGNED <u>3-25-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>March 25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jonesburg</u>		24d. LOCATION (City, town, or county) (State) <u>Jonesburg Mo</u>	
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DATE REC'D BY LOCAL REG. <u>March 25-50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Max Miller 206</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>W. H. Loring Jonesburg Mo</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1950

RECEIVED  
MAR 30 1950  
DISTRICT HEALTH OFFICER NO. 9  
DISTRICT FILE NUMBER

**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 Carl A. Pendergast

Licensed Embalmer No. 4115

P. O. Address Lonebury 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.