

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14607

State File No.

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 6099 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Schuyler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Schuyler</u>		c. CITY OR TOWN	
c. LENGTH OF STAY (in this place) <u>85 years</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>0980</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Sifferson</u> c. (Last) <u>Singleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>10</u> <u>54</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>3-07-1869</u>		9. AGE (In years last birthday) <u>85</u>		10. F UNDER 1 YEAR <input type="checkbox"/> 11. F UNDER 1 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stamwood Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Garrett Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>Debra Woodson</u>	
14. NAME OF HUSBAND OR WIFE <u>Marjorie M. Pantney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>---</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Collier</u>		17. ADDRESS <u>Quincy Mo</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral thrombosis</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral thrombosis</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		Years <u>---</u>	
		DUE TO (c) <u>---</u>			
		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 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) <u>332X</u>	
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 April 5, 1954, to April 10, 1954, that I last saw the deceased alive on April 5, 1954, and that death occurred at 6:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>M.R. Stoker</u>		(Degree or title) <u>DO</u>		23b. ADDRESS <u>Lancaster, Mo</u>	
23c. DATE SIGNED <u>April 10, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-54</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stamwood Mo</u>		DATE REC'D BY LOCAL REG. <u>4/12/54</u>	
REGISTRAR'S SIGNATURE <u>Mrs. R. Stoker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Cook</u>		ADDRESS <u>Quincy Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Jack H. Peabody*.....

Licensed Embalmer No. *461*.....

P. O. Address *Queen City*.....

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.