

FILED MAY 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15885

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 79			
1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Laclede					
b. CITY (If outside corporate limits, write RURAL and give township) Lebanon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Lebanon		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 Knex Nursing Home				STREET ADDRESS (If rural, give location) Lebanon, Rt. 4, Mo. 05320					
3. NAME OF DECEASED (Type or Print) a. (First) Livella			b. (Middle)		c. (Last) Singleton		4. DATE OF DEATH (Month) (Day) (Year) May 11, 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 3, 1880		9. AGE (In years last birthday) 75 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Domestic.		11. BIRTHPLACE (City and State or Foreign Country) Marion County Mo. 0			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Breeden			13b. MOTHER'S MAIDEN NAME Cordelia Rowden			14. NAME OF HUSBAND OR WIFE Edd Singleton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.			16. SOCIAL SECURITY NO. None.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Singleton, Lebanon, Mo.				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Embolus Left Popliteal Artery. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Gangrene left leg DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 1 wk. 1 wk. Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION with hemiplegia						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) 455 X				
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 9 May 1955 to 11 May 1955 , that I last saw the deceased alive on 10 May 1955 , and that death occurred at 11:45 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Paula Jenkins M.D.				23b. ADDRESS Lebanon Mo			23c. DATE SIGNED 13 May 55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-13-55		24c. NAME OF CEMETERY OR CREMATORY Lebanon City Cemetery		24d. LOCATION (City, town, or county) (State) Lebanon, Mo.			
DATE REC'D BY LOCAL REG. 5-13-1955		REGISTRAR'S SIGNATURE Livella S. May 424-0			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

Received 5-21-5-
Laclede County Health
File No. 81
Date Filed 5-23-

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..... *S. P. Palmer*

Licensed Embalmer No. 220

P. O. Address L. L. L.

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.