

FILED AUG 9 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 21642

BIRTH NO.		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>4153</u>		Registrar's No. <u>55-61</u>					
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u>				b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lockwood</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Greenfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>Toney Street</u>				<u>0290</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>John</u>		b. (Middle) <u>Albert</u>		c. (Last) <u>Singleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 29 - 1955</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>Jan. 14 - 1883</u>		9. AGE (In years last birthday) or UNDER 1 YEAR Months Days or UNDER 12 HRS. Hours Min. <u>72</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Coal miner</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MINING</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Pike Co. Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>George Singleton</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Neacock</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Singleton</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>303-07-6012</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearl Singleton</u>				ADDRESS <u>Greenfield, Mo</u>		
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>				DUE TO (c)			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</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) (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 <u>3-5</u> , 19 <u>52</u> , to <u>7-29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>55</u> , and that death occurred at <u>4:15 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Lee G. M. Muelg</u> MD				23b. ADDRESS <u>Greenfield, Mo.</u>				23c. DATE SIGNED <u>8-3-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 1 - 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo</u>				
DATE REC'D BY LOCAL REG. <u>8-3-55</u>		REGISTRAR'S SIGNATURE <u>J. C. Canada</u> <u>478</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. C. Canada, Greenfield, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

0.300

90

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
J. C. Canada
Licensed Embalmer No. 419

P. O. Address Greenfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.