

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12002

FILED APR 4 - 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 6087 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater, R.F.D.</u>	c. LENGTH OF STAY (In this place) <u>77 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. Slater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) <u>S.</u> c. (Last) <u>Singleton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 28-1956</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>Dec. 3rd 1878</u>		9. AGE (In years last birthday) <u>77</u>	# UNDER 1 YEAR Days <u>3</u>	# UNDER 10 HRS. Hours <u>23</u> Min.
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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 <u>active</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>John Singleton</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Singleton</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, specify or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Eva Singleton Slater, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Enlarged Prostate</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1</u> <u>9</u> <u>1</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4222</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 3-26, 1956, to 3-26, 1956, that I last saw the deceased alive on 3-26, 1956, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. Westwood M.D.</u>	23b. ADDRESS <u>Slater Mo</u>	23c. DATE SIGNED <u>4/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mch. 28-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/31/56</u>	REGISTRAR'S SIGNATURE <u>Mrs. Carl C. Metz</u>	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>Hill Brothers Slater Mo</u>
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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 Sam M Hill

Licensed Embalmer No. 1292

P. O. Address State Md

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

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