

FILED AUG 8 - 1956

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 227

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |                              |   |  |
|--|------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Adair</b>  |                              | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo</b> b. COUNTY <b>Adair</b>                          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirksville</b>   |                              | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <b>Kirksville</b><br>00130<br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>C. N. H. #1</b>  |                              | Length of stay in 1b<br><b>43 days</b>  | d. STREET ADDRESS (If outside, give location)<br><b>916 E. Pierce S</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Roy</b> Middle <b>H.</b> Last <b>Singley</b>   |                              |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>30</b> Year <b>1956</b>   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 7, 1888</b>   |
| 9. AGE (In years last birthday)<br><b>67</b>   |                              | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>0</b>  | IF UNDER 24 HRS.<br>Hours <b>0</b> Min. <b>0</b>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer &amp; Grocery</b>  |                              | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Laborer &amp; Grocery</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Sullivan County, Mo</b>   |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |                              | 13. FATHER'S NAME<br><b>William Singley</b>   |  |
| 14. MOTHER'S MAIDEN NAME<br><b>Mary Lease</b>  |                              | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                      |  |
| 16. SOCIAL SECURITY NO.<br><b>486 12 7550</b>  |                              | 17. INFORMANT<br>Address<br><b>Mrs. Myrtle Singley, Kirksville, Mo.</b>   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Medullary Sarcoidosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Acute Circulatory Collapse</b><br>DUE TO (c) <b>Myocardial Infarction</b> |                              |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>Sudden</b><br><b>3 minutes</b><br><b>5 minutes</b>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>4201</b>   |                              |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                              | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b>2:35 p.m.</b> Month, Day, Year  |                              | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |  |
| 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |                              | 20f. CITY, TOWN, OR LOCATION<br>COUNTY STATE  |  |
| 21. I attended the deceased from <b>June 18, 1956</b> to <b>July 30, 1956</b> and last saw <b>him</b> alive on <b>July 30, 1956</b> . Death occurred at <b>2:35 p.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                              |   |  |
| 22a. SIGNATURE (Degree or title)<br><b>George H. Schauer, D.O.</b>   |                              | 22b. ADDRESS<br><b>Kirksville, Mo.</b>  |  |
| 22c. DATE SIGNED<br><b>July 31, 1956</b>   |                              | 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  |
| 23b. DATE<br><b>8/2/56</b>   |                              | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Maple Hills Cemetery</b>   |  |
| 23d. LOCATION (City, town, or county) (State)<br><b>Kirksville, Mo.</b>  |                              | 24. FUNERAL DIRECTOR<br><b>Paul M. Riley</b><br>ADDRESS<br><b>Kirksville, Mo.</b>   |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>8-1-56</b>  |                              | 26. REGISTRAR'S SIGNATURE<br><b>Kate Lambert</b>  |  |

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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 .....

Signature of Student Embalmer

Signed

*George W. Darrat*

Licensed Embalmer No. 479

P. O. Address *Kirkville*

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.