

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33912

STATE FILE NUMBER

FILED NOV 7 - 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4586

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

Milton Singleton

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>488 Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL - 50 YEARS</u>		Length of stay in <u>15</u>	d. STREET ADDRESS <u>305 WEST 37th ST.</u>		Reside on Farm, Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>FAY</u> Middle <u>L</u> Last <u>COPPLE</u>			4. DATE OF DEATH <u>OCTOBER 22, 1956</u> Month <u>October</u> Day <u>22</u> Year <u>1956</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 6, 1893</u>		9. AGE (In years last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>6</u> Days <u>3</u> IF UNDER 24 HRS.: Hours <u>6</u> Min. <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bookkeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Western Auto</u>		11. BIRTHPLACE (City and state or country) <u>DAVIN, MISSOURI</u>	
13. FATHER'S NAME <u>HIRAM COPPLE</u>			14. MOTHER'S MAIDEN NAME <u>ELMYRA SNIDER</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>495-03-6824</u>		17. INFORMANT <u>MISS FREDM. COPPLE CHICAGO, ILLINOIS</u> Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Peritonitis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Carcinoma Sarcomatous</u>					<u>6 wks</u>
DUE TO (c) <u>Uterine Carcinosarcoma</u>					<u>1748 1 yr.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? 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 Hour <u>10:25 P.</u> Month <u>July</u> Day <u>1955</u> Year <u>1955</u> a. m. <u>10:25 P.</u> p. m.		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		COUNTY	STATE
21. I attended the deceased from <u>July 1955</u> to <u>Oct 22, 1956</u> and last saw her alive on <u>Oct 22, 1956</u> Death occurred at <u>10:25 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) <u>Milton Singleton M.D.</u>			22b. ADDRESS <u>315 NICHOLS R.J. K.P. 12 MO 10-23-56</u>		22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 25-56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt Washington</u>		23d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>	
24. FUNERAL DIRECTOR <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>1921 Bank Bldg</u>	25. DATE RECD. BY LOCAL REG. <u>10-23-56</u>	26. REGISTRAR'S SIGNATURE <u>Reva Marshall</u>	

STATEMENT BY LICENSED EMBALMER

JUN 1 1968

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 *Raymond M. Hardy*

Licensed Embalmer No. *491*

P. O. Address *Indep,*

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