THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24828 3446

FILED AUG 12 1957

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2628 E 29 St — Length of stay in Jb 5 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty 1001 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 432 N. Gallatin — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First JAMES Middle R. Last SINGLETON

4. DATE OF DEATH Month July Day 19 Year 57

5. SEX M

6. COLOR OR RACE Negro

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH Apr. 3-1870

9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR OR UNDER 24 HRS.: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section

10b. KIND OF BUSINESS OR INDUSTRY Ry.

11. BIRTHPLACE (City and state or country) Liberty

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unk

14. MOTHER'S MAIDEN NAME unk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. No.

17. INFORMANT Stella McGinnis Address Liberty, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Auricular fibrillation, cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 3 da
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) For advanced arteriosclerosis — 7 yr.
DUE TO (c) — 45 60

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 ☐ NO ☒ ?

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 31 Jan 57, to 19 July 57 and last saw her/him alive on 18 July 57
Death occurred at 2 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. M. Waterman (Degree or title) M.D.

22b. ADDRESS Liberty Mo

22c. DATE SIGNED 19 July 57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE July 19-57

23c. NAME OF CEMETERY OR CREMATORY Fairview

23d. LOCATION (City, town, or county) Liberty (State) Mo.

24. FUNERAL DIRECTOR Church Archer — ADDRESS Liberty Mo.

25. DATE RECD. BY LOCAL REG. 7-22-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

F.M.Waterman, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed....Harold Gordon Smit

Licensed Embalmer No. 45

P. O. Address Liberty

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.