THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041170
STATE FILE NUMBER

FILED NOV 21 1958 Registration District No. 30-4305 Primary Registration District No. 6046 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Melle — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rural Route 1 — Length of stay in Hospital 6 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Charles
c. CITY OR TOWN New Melle — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. 1, Box 58-D — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First David — Middle F. — Last Singleton Sr.
4. DATE OF DEATH: Month Nov. Day 7 Year 1958
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jun. 23, 1914
9. AGE (In years last birthday) 44 — IF UNDER 1 YEAR: Months 4 Days 14 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker
10b. KIND OF BUSINESS OR INDUSTRY A. C. F. Ind.
11. BIRTHPLACE (City and state or country) Bridgeton, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Frank Singleton
14. MOTHER'S MAIDEN NAME Alice Sherman
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. 702-05-9192
17. INFORMANT Katherine Singleton — Address New Melle, Mo

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1 hr
DUE TO (c) Arteriosclerosis Heart Disease — 10 yr.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200

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 11-1-58, to 1-6-58 and last saw ~~them~~ him alive on 11-6-58
Death occurred at 4:30 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Warren B Hamilton (Degree or title) DO
22b. ADDRESS Wentzville, Mo.
22c. DATE SIGNED 11-8-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Nov. 8, 1958
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery
23d. LOCATION (City, town, or county) St. Charles (State) Mo.
24. FUNERAL DIRECTOR H.C. Dallmeyer & Sons Co., St. Charles ADDRESS Mo.
25. DATE RECD. BY LOCAL REG. Nov 10 1958
26. REGISTRAR'S SIGNATURE Martin F Duff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..4...

P. O. Address.....

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.