

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008380
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 5106-31 Primary Registration District No. 31-51 Registrar's No. 6

300
1-57

1. PLACE OF DEATH a. COUNTY Stenton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lincoln
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION R #2		Length of stay in lb 1 Year	d. STREET ADDRESS (If outside, give location) R #2
3. NAME OF DECEASED (Type or print) First Maurice Middle vern Last Singleton			4. DATE OF DEATH Month Apr Day 1st Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 26, 1986
9a. AGE (In years last birthday) 63		9b. IF UNDER 1 YEAR Months 63 Days 0	9c. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Poultry	11. BIRTHPLACE (City and state or country) Martinville Ind
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Singleton	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Rhoda Singleton	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 494-01-3193	17. INFORMANT Mrs Rhoda Singleton Address R #2 Lincoln Mo
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><i>Myocardial Infarction</i></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u><i>Coronary artery sclerosis</i></u> DUE TO (c) <u><i>Coronary arteriosclerosis</i></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))			INTERVAL BETWEEN ONSET AND DEATH <u><i>Immediate</i></u> <u><i>1-2 hours</i></u> <u><i>10 hrs.</i></u>
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 9:30 Month, Day, Year 1-24-59		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION St Louis Mo		20f. COUNTY St Louis STATE Mo	
21. I attended the deceased from <u><i>1-24-59</i></u> to <u><i>3-14-59</i></u> and last saw him alive on <u><i>3-14-59</i></u> . Death occurred at <u><i>9:30</i></u> <u><i>A</i></u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John L. Eickhoff</i> (Degree or title) 2		22b. ADDRESS <i>Cole Camp Mo</i>	
22c. DATE SIGNED 4-3-59		22d. SIGNATURE <i>E L Eickhoff</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Apr 6th 1959	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
23d. LOCATION (City, town, or county) St Louis Mo		23e. STATE Mo	
24. FUNERAL DIRECTOR E L Eickhoff ADDRESS Cole Camp Mo		25. DATE RECD. BY LOCAL REG. Apr 4th 1959	
26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>		26. REGISTRAR'S SIGNATURE <i>E L Eickhoff</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 16 1959

APR 22 1959

M/S APR 1 1959

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 *E. L. Eickhoff*
E L Eickhoff
Licensed Embalmer No. 730
P. O. Address Cole Camp Mo

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