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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023942

FILED JUN 17 1959

STATE FILE NUMBER  
Registrar's No. 50

Registration District No. 364 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY <b>WASHINGTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death.) a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LIBERTY</b>		c. CITY <b>110</b> OR TOWN	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4 Mi. NE. Potosi; 6 Mos.</b>		d. STREET (If outside, give location) ADDRESS <b>4 MILES NORTH EAST Potosi</b>	
Length of stay in 1b		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>LAURA M. SINGER</b>			4. DATE OF DEATH Month Day Year <b>JUNE 11 - 1959</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>NOT KNOWN</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NOT KNOWN</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>NOT KNOWN</b>
13a. FATHER'S NAME <b>NOT KNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>PEARL FULK</b> Address <b>Potosi, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Diabetic Mellitus</b>			INTERVAL BETWEEN ONSET AND DEATH <b>?</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>---</b> DUE TO (c) <b>---</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>260X</b>			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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> 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 <b>May 3-1959</b> to <b>June 11 1959</b> and last saw her/him <b>live on May 3-1959</b> Death occurred at <b>3 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Joseph L. Pluman M.D.</b>		22b. ADDRESS <b>Potosi, Mo.</b>	22c. DATE SIGNED <b>6-12-1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>6-13-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COLE CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>WASHINGTON Co., Mo.</b>
24. FUNERAL DIRECTOR <b>OMAN JENKINS</b> ADDRESS <b>Potosi, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/16/59</b>	26. REGISTRAR'S SIGNATURE <b>Herbert Rudall</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

File No.

WASH. COUNTY HEALTH DEPT

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 *Murphy Sparks* .....

Licensed Embalmer No. *4236* .....

P. O. Address *West Point* .....

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.