

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 3 1959

59-029557

Registration District No. 160 Primary Registration District No. 3029 Registrar's No. 127

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CRYSTAL CITY</b>		c. CITY OR TOWN <b>CRYSTAL CITY</b>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>215 Walnut</b>		d. STREET ADDRESS (If outside, give location) <b>215 WALNUT</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>PATRICIA</b> Middle <b>ANN</b> Last <b>SINGLETON</b>			4. DATE OF DEATH Month <b>AUG.</b> Day <b>24</b> , Year <b>1959</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-20-34</b>	9. AGE (last birthday) <b>5</b>	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HR Min.
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10a. USUAL OCCUPATION (Give kind of work done of working life, even if retired) <b>INFANT</b>	10b. KIND OF BUSINESS OR INDUSTRY -- --	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Singleton</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Batchelor</b>	14. NAME OF HUSBAND OR WIFE -----
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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. <b>none</b>	17. INFORMANT <b>James Singleton</b> Address <b>Crystal City, MO.</b>
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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>Bronchial Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>damage to brain centers</b>	
	DUE TO (c) <b>due to fluid pressure</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <b>hydrocephalus.</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from <b>1955</b> to <b>1959</b> and last saw her/him alive on <b>Aug 24</b>	
Death occurred at <b>1:40 a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <b>Arthur B. Gentry D.O.</b> Degree or title	22b. ADDRESS <b>3036 Main St.</b>	22c. DATE SIGNED <b>8-25-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-26-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GAMBEL</b>	23d. LOCATION (City, town, or county) (State) <b>FESTUS, MISSOURI</b>
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24. FUNERAL DIRECTOR <b>GENTRY R. POLITTE</b> ADDRESS <b>CRYSTAL CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>8-25-59</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Deputy R. Politt

Licensed Embalmer No. 348

P. O. Address Crystal

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.