

**URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039178**

**FILED VS NOV 17 1959**

STATE FILE NUMBER

Registration District No. 50 Primary Registration District No. 4070 Registrar's No. 51

ENDED

1. PLACE OF DEATH a. COUNTY <b>Camden.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Camden.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Stoutland, Missouri</b>		Length of stay in 1b <b>1 1/2</b> days.	c. CITY OR TOWN <b>Stoutland, Mo.</b> 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>None.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>None.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Vernia. May Singleton.</b>			4. DATE OF DEATH Month Day Year <b>Nov. 7, 1959</b>
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>7/21/1890</b>
9. AGE (last birthday) <b>69</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	11. BIRTHPLACE (City and state or country) <b>Macon Co, Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>William Green Singleton.</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Smedley</b>		14. NAME OF HUSBAND OR WIFE <b>None.</b>	
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>Mrs. Mary Compton. Van Couver Wash.</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>Presumed to be Natural Cause</b> DUE TO (b) <b>(Coroner called) no foul play</b> DUE TO (c) <b>History Stroke.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Living alone - found dead - Nov 8 - afternoon</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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 _____ to _____ and last saw her/him alive on _____ Death occurred at <b>Approx. time 2:00 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Abbie Woolsey County Coroner.</b>		22b. ADDRESS <b>Camdenton, Missouri</b>	22c. DATE SIGNED <b>Nov 12-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/10/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Honey Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Stoutland, Missouri</b>
24. FUNERAL DIRECTOR'S ADDRESS <b>Hedges Funeral Home Stoutland, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>Nov. 13-1959</b>	26. REGISTRAR'S SIGNATURE <b>Zilpha J. Draw</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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 Lawrence E. Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville, M.

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.