

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014202

FILED VS. MAY 9 1960 38

Primary Registration District No. 3006

Registrar's No. 265

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in lb 3 weeks	c. CITY OR TOWN Auxvasse Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leslie Middle Price Last Singleton			4. DATE OF DEATH Month 5 Day 4 Year 60
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 11-30-1899
9. AGE (last birthday) 60		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) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Boone Co., Missouri
13a. FATHER'S NAME John Singleton		13b. MOTHER'S MAIDEN NAME Mary Norris	14. NAME OF HUSBAND OR WIFE Anna Stephens
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 499-05-9321	17. INFORMANT Address Mrs. Leslie P. Singleton, Auxvasse, 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) Cerebral Metastasis DUE TO (b) Pulmonary Carcinoma DUE TO (c) RT Ovary (Postoperative) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 wks 3 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Duodenal Ulcer			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 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 2-7-60 to 5-4-60 and last saw him alive on 5-4-60 Death occurred at 5-4-60 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Carlton A. Smith M.D. (Degree or title)		22b. ADDRESS 1015 Cherry Columbia	22c. DATE SIGNED 5-4-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-6-1960	23c. NAME OF CEMETERY OR CREMATORY Hickory Grove Cemetery	23d. LOCATION (City, town, or county) (State) Callaway Co., Missouri
24. FUNERAL DIRECTOR ADDRESS Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 6 1960	26. REGISTRAR'S SIGNATURE Mrs R E Palmer

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

J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbia 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.