

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2551

| | | | | | | | | |
|---|---|--|---|---|---|--|---|---|
| BIRTH NO. 124 | | REG. DIST. NO. 316 | | PRIMARY REG. DIST. NO. 4461 | | Registrar's No. 45 | | |
| 1. PLACE OF DEATH a. COUNTY St. Francois | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Iron | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN Bismarck | | c. LENGTH OF STAY (In this place) 4 da. | | c. CITY OR TOWN Pilot Knob | | d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Rest Home | | | | e. STREET ADDRESS (If rural, give location) 0419 | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) NANCY | | | b. (Middle) EMMA | | c. (Last) SINGLETON | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1956 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED never married | 8. DATE OF BIRTH Feb. 15 1870 | | 9. AGE (In years last birthday) 85 | 10. IF UNDER 1 YEAR Days 11 | 11. IF UNDER 2 HRS. Hours Min. 22 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY own home | | 11. BIRTHPLACE (City and State or Foreign Country) Roselle Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | | |
| 13a. FATHER'S NAME Jessie Singleton | | 13b. MOTHER'S MAIDEN NAME Sarah Hunter | | 14. NAME OF HUSBAND OR WIFE ## Never married | | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Clay Mullins, Farmington Mo. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary paralysis | | | | | | 1 hr | |
| | ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage | | | | | | 2-3 da | |
| | DUE TO (c) Arteriosclerosis | | | | | | yrs. | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | 331x | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | |
| 22. I hereby certify that I attended the deceased from 2-3, 1956, to 2-7, 1956, that I last saw the deceased alive on 2-3, 1956, and that death occurred at 5:30 p. m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) R. A. Mendigata, D. O. | | | | 23b. ADDRESS Bismarck, Mo. | | 23c. DATE SIGNED 2-9-56 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 2-9-56 | 24c. NAME OF CEMETERY OR CREMATORY Roselle Cemetery | | 24d. LOCATION (City, town, or county) (State) Roselle, Missouri | | | |
| DATE REC'D BY LOCAL REG. Feb. 9, 1956 | | REGISTRAR'S SIGNATURE Esther Rudloff | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo. | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Quincy White*.....

Licensed Embalmer No. *3017*

P. O. Address *Monte...*

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.