THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED NOV 18 1953

State File No. 39866

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
c. LENGTH OF STAY (in this place): 41 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 604 W. Washington Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayti
d. STREET ADDRESS (If rural, give location): 604 W. Washington Ave.

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3. NAME OF DECEASED (Type or Print)
a. (First): Rupard
b. (Middle): P.
c. (Last): Holt

4. DATE OF DEATH (Month) (Day) (Year): October 30, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 26, 1886
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Mechanical
11. BIRTHPLACE (City and State or Foreign Country): Caruthersville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Tom Holt
13b. MOTHER'S MAIDEN NAME: Susan Cagle
14. NAME OF HUSBAND OR WIFE: Annie Reed Holt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Ralph Holt-Bragg City, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pistol Bullet wound of Brain — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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: E976X
20. AUTOPSY? YES ☐ NO ☑

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Bed. Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Hayti Pemiscot Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Oct. 30, 1953 7 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: self inflected -

22. *I hereby certify that I attended the deceased from* 10-30, 1953, *to* 10-30, 1953, *that I last saw the deceased alive on* 10-30, 1953, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Shirley M.D.
23b. ADDRESS: Shirley Clinic Hayti, Mo.
23c. DATE SIGNED: 10-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Little Prairie Cem.
24d. LOCATION (City, town, or county) (State): Caruthersville, Missouri

DATE REC'D BY LOCAL REG.: 11-9-53
REGISTRAR'S SIGNATURE: John W Germand 249-
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: H.S. Smith Funeral Home C'ville. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

11-359-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

NOV 14 1953

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 .....
Student Embalmer

Signed W. Denver Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.