

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9549**

BIRTH NO. **FILED MAR 24 1954** REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **56**

1. PLACE OF DEATH a. COUNTY Pemissot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemissot	
b. CITY OR TOWN Hayti		c. CITY OR TOWN Hayti	
c. LENGTH OF STAY (In this place)		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 8-781	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Vera	b. (Middle) Belle	c. (Last) Holt	4. DATE OF DEATH (Month) (Day) (Year) Feb 27 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Dec 3, 1896	9. AGE (In years last birthday) 57	# UNDER 1 YEAR Months 2 Days 24	# UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Fountain Haywood Moore	13b. MOTHER'S MAIDEN NAME Margaret DeShelle England	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) No	16. SOCIAL SECURITY NO. 499-03-1072	17. INFORMANT'S SIGNATURE OR NAME Earl L. Tomlin	ADDRESS Hayti, Mo
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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 8 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Cervix		
	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 171 X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **8-8**, 19**53**, to **2-27**, 19**54**, that I last saw the deceased alive on **2-27**, 19**54**, and that death occurred at **6:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE C. D. Kaiser	(Degree or title) MD	23b. ADDRESS Hayti, Mo	23c. DATE SIGNED 3-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-1-54	24c. NAME OF CEMETERY OR CREMATORY East Woodlawn	24d. LOCATION (City, town, or county) (State) Hayti, Mo
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DATE REC'D BY LOCAL REG. 3-12-54	REGISTRAR'S SIGNATURE John W. Gorman 406-0	25. FUNERAL DIRECTOR'S SIGNATURE John W. Gorman	ADDRESS Hayti, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3-56-54

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

MAR 22 1954

MAR 22 1954

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 *Raymond L. Tuffe*.....

Licensed Embalmer No. *47*.....

P. O. Address *Hayti, Mo.*.....

Note: The above ~~MUST BE SIGNED BY THE LICENSED EMBALMER~~ in his OWN HANDWRITING. (F 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.