

STANDARD CERTIFICATE OF DEATH

State File No. 12807

BIRTH NO. _____ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 5909 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Little Prairie		c. CITY OR TOWN Stubtown	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 52 Yrs.		e. STREET ADDRESS (If rural, give location) 0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION Caruthersville, Rt. 1			

3. NAME OF DECEASED (Type or Print) Hugh	a. (First)	b. (Middle)	c. (Last) Holt	4. DATE OF DEATH April 20, 1955	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 12, '09	9. AGE (In years last birthday) 56	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY General Mdse.	11. BIRTHPLACE (City and State or Foreign Country) Caruthersville, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Holt	13b. MOTHER'S MAIDEN NAME Susan Cagle	14. NAME OF HUSBAND OR WIFE Annie Leek Holt
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Mrs. Marie Dunnivant C'ville	ADDRESS Rt. 1
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH Sudden
	ANTECEDENT CAUSES Coronar Arter Disease & old Heart Myocardium		
	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 4201	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 Apr 20, 1955, to Apr 20, 1955, that I last saw the deceased alive on Apr 20, 1955, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE H. Cain, M.D. (Degree or title)	23b. ADDRESS Caruthersville, Mo.	23c. DATE SIGNED 4/21/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 22, 1955	24c. NAME OF CEMETERY OR CREMATORY Little Prairie Cemetery	24d. LOCATION (City, town, or county) (State) Caruthersville, Mo.
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DATE REC'D BY LOCAL REG. 4-29-1955	REGISTRAR'S SIGNATURE Fred B. Wilks	25. FUNERAL DIRECTOR'S SIGNATURE H.S. Smith	ADDRESS Funeral Home C'ville, Mo.
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

5-142-55

MAY 5 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

June 6 1955

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 *W. Denver Pike*

Licensed Embalmer No.

P. O. Address

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.