

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57018095
STATE FILE NUMBER

DECEASED MAY 31 1957

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Remisot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Remisot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Hayti-Heights</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <u>Hayti-Heights</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ARRENA</u> Middle <u>HOLTON</u> Last <u>HOLTON</u>		4. DATE OF DEATH Month <u>4</u> Day <u>25</u> Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-27-1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		9b. AGE (In years; last birthday) <u>61</u>	9c. AGE (In years; last birthday) IF UNDER 1 YEAR: Months <u>5</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Shelby, Miss</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Arno Evans</u>		14. MOTHER'S MAIDEN NAME <u>Luail Jones</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT <u>John Alexander Pascale, MO</u> Address <u></u>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u></u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 mo.</u>		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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		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.) <u>Caruthersville, Remisot MO</u>		20f. CITY, TOWN, OR LOCATION <u>Caruthersville, Remisot MO</u> COUNTY <u>MO</u> STATE <u>MO</u>	
21. I attended the deceased from <u>10 Jan 1957</u> to <u>25 April 57</u> and last saw her <u>alive</u> on <u>25 April 57</u> Death occurred at <u>Caruthersville, MO</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>J. W. Lake MD</u> (Degree or title)		22b. ADDRESS <u>Caruthersville, MO</u>	
22c. DATE SIGNED <u>4/30/57</u>		23. NAME OF CEMETERY OR CREMATORY <u>St. John</u>	
23a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Burial</u>		23b. DATE <u>4-28-57</u>	
23c. LOCATION (City, town, or county) <u>Caruthersville MO</u> (State) <u>MO</u>		24. FUNERAL DIRECTOR <u>J. W. Smith</u> ADDRESS <u>Hayti, MO</u>	
25. DATE RECD. BY LOCAL REG. <u>5-1-57</u>		26. REGISTRAR'S SIGNATURE <u>John W. Herman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. diseases in Part I must be causally related.

5-127-57

MAY 29 1957

REINOLCT COUNTY HEALTH DEPARTMENT
COURTHOUSE • PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was prepared by me, or by Student Embalmer No. working under my personal supervision.:

Student
Signature of Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *261*

P. O. Address *[Handwritten Address]*

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