

FILED JAN 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **774**

BIRTH NO. _____		REG. DIST. NO. <b>107</b>	PRIMARY REG. DIST. NO. <b>3019</b>	Registrar's No. <b>10</b>
1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kennett</b>		c. LENGTH OF STAY (in this place) <b>23 Yrs.</b>	c. CITY OR TOWN <b>Kennett</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1906 Leayd Street</b>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura Alice</b> b. (Middle) <b>Holifield</b> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 10, 1958</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 8, 1881</b>	9. AGE (In years last birthday) <b>76</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Quin Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
13a. FATHER'S NAME <b>Edd Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>(Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Otis Holifield Kennett Mo.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Infection of Nose Regular</b> 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. <b>Arterial Sclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 yrs</b> <b>5 yrs</b>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>2</b> 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) <b>4500</b>	
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 <b>Nov. 26, 1957</b> , to <b>Jan 10, 1958</b> , that I last saw the deceased alive on <b>Dec 28, 1957</b> , and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>Carl Husband M.D.</b>		23b. ADDRESS <b>Kennett Mo.</b>		23c. DATE SIGNED <b>1-15-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 12, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cummings Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Pollard Ark.</b>	
DATE REC'D BY LOCAL REG. <b>1-16-1958</b>		REGISTRAR'S SIGNATURE <b>Carl Husband</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Russell Mortuary Piggott Ark.</b>	

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

JUN 24 1958

RECEIVED DUNKLIN COUNTY  
DEPARTMENT 1-20-58  
COUNTY FILE NUMBER 157

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 me Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leroy J Tyler.....

Licensed Embalmer No. 494.....

P. O. Address Jiggot.....

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.