

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-010907

STATE FILE NUMBER

FILED APR 3 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 96

Health, Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot 781</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Hayti</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1013 So. 2nd St.</b>		Length of stay in lb <b>2 Years</b>		d. STREET ADDRESS <b>1013 So. 2nd St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Julia</b> Middle <b>Myrtle</b> Last <b>Halsey</b>				4. DATE OF DEATH Month <b>March</b> Day <b>23</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> <b>2</b> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>February 13, 1917</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</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 <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Batesville, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>John Huddleston</b>				14. MOTHER'S MAIDEN NAME <b>Lee Ann Pierce</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b> <b>X</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Mrs. Maxine Duffey - Fennville, Mich.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Coronary Occlusion - Caudal Aorta</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3m</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary Arteriosclerosis</b>						—	
DUE TO (c) <b>Longtime Heart Failure</b>						—	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <b>4281</b>				
20c. TIME OF INJURY Hour <b>12:30</b> Month <b>5</b> Day <b>58</b> Year <b>58</b> a. m. <b>P</b> p. m.			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from <b>10-25-58</b> to <b>3-23-58</b> and last saw her alive on <b>3-23-58</b> Death occurred at <b>12:30 P</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>John W. Gorman</i> (Degree or title)				22b. ADDRESS <b>615 1/2 N. Mo</b>		22c. DATE SIGNED <b>3-26-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>March 27, '58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Friendship Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Paragould, Arkansas</b>		
24. FUNERAL DIRECTOR <b>H.S. Smith Funeral Home Mo.</b>			ADDRESS <b>C'ville.</b>	25. DATE RECD. BY LOCAL REG. <b>3-26-58</b>		26. REGISTRAR'S SIGNATURE <i>John W. Gorman</i>	

(Licensed Embalmer's Statement on Reverse Side)

4-98-58

APR 1 - 1958

APR 7 1958

PEMISCOT 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 em-  
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. (  
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..