

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033671
STATE FILE NUMBER

FILED SEP 26 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 195

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, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Caruthersville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pem. County Mem. Hsp.		Length of stay in 1b 32 Days	d. STREET ADDRESS (If outside, give location) 402 Highland Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Thomas Holt			4. DATE OF DEATH Month Day Year September 7, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 13, 1904	9. AGE (In years, if UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days Hours Min. 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Transport-011	11. BIRTHPLACE (City and state or country) Pemiscot County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leander Holt		13b. MOTHER'S MAIDEN NAME Mattie Christopher		14. NAME OF HUSBAND OR WIFE Addie Maners Holt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No		16. SOCIAL SECURITY NO. 488 18 4618		17. INFORMANT Address Edna Mae Ketchum - Steele, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Embolus DUE TO (b) Stroke irreversible DUE TO (c) Just necrotic cirrhosis liver Lymphoma - 2021					INTERVAL BETWEEN ONSET AND DEATH 3 days 30 days 7 0.
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 checked="" type="checkbox"/>
20a. ACCIDENT. SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 20, 1958 to Sept 7, 1958 and last saw him alive on Sept 7, 1958 Death occurred at 3:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) C. H. Hair M.D.		22b. ADDRESS Caruthersville		22c. DATE SIGNED 9/8/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 9, '58		23c. NAME OF CEMETERY OR CREMATORY Maple Cemetery	
23d. LOCATION (City, town, or county) (State) Caruthersville, Missouri		24. FUNERAL DIRECTOR ADDRESS H.S. Smith Funeral Home-C'ville. Mo.		25. DATE RECD. BY LOCAL REG. 9-19-58 26. REGISTRAR'S SIGNATURE Paul W. Bernier	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

SEP 1 1958

CARUTHERSVILLE, MO

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 *H. James Duke*

Licensed Embalmer No. *4484*

P. O. Address *Caruthersville, Mo*

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.