

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028471

STATE FILE NUMBER

SEP 9 1958 Registration District No. 53 Primary Registration District No. Registrar's No. 439

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Olive Branch 8120 8
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Frances		Length of stay in lb 5 days	d. STREET ADDRESS None (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)
First Middle Last
James F. Stewart

4. DATE OF DEATH
Month Day Year
August 15 58

5. SEX Male 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 11, 1875 9. AGE (In years last birthday) 82

IF UNDER 1 YEAR IF UNDER 24 HRS.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Agent, Railroad 10b. KIND OF BUSINESS OR INDUSTRY Transportation 11. BIRTHPLACE (City and state or country) Buncombe, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Stewart 14. MOTHER'S MAIDEN NAME Calhoun

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. unknown 17. INFORMANT J. R. Stewart Address Mt. Vernon, Ill.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) aphasia
cerebrovascular accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)
DUE TO (c) generalized arteriosclerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Multiple sclerosis 331X

INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY PERFORMED? YES NO 2

20a. ACCIDENT SUICIDE HOMICIDE 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 WORK NOT WHILE AT WORK 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 8/10/58 to 8/15/58 and last saw him alive on 8/15/58
Death occurred at 3:40 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. H. Keenan (Degree or title) 22b. ADDRESS 0 Cape Girardeau 22c. DATE SIGNED 8/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE August 17, 58 23c. NAME OF CEMETERY OR CREMATORY Green Lawn Memorial Gardens 23d. LOCATION (City, town, or county) (State) Villa Ridge Pulaski Ill.

24. FUNERAL DIRECTOR Drinkoff Howell - Cape ADDRESS 25. DATE RECD. BY LOCAL REG. Sept. 5, 1958 26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed..... *W. H. Estlin*

Licensed Embalmer No.

P. O. Address *Dep.*

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.