

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040363

53 3010 442

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED NOV 20 1961**

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau Length of stay in 1b 26 days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Illinois b. COUNTY Alexander  
 c. CITY OR TOWN Cairo Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 538 10th Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Caral Stewart  
 4. DATE OF DEATH Month Day Year October 27 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH May 28, 1893 9. AGE (last birthday) 68  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME Marshall Stewart 13b. MOTHER'S MAIDEN NAME Lillie Mae Briley  
 14. NAME OF HUSBAND OR WIFE Mary Stewart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No  
 17. INFORMANT Address 538 10th St. Cairo, Ill. *Mary Stewart*

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) *Adeno carcinoma of Pancreas*  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 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 *Sept. 26, 1961* to *Oct. 27, 1961* and last saw her/him alive on *evening before*  
 Death occurred at *8:30 A.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *[Signature]* 22b. ADDRESS *1902 BROADWAY* 22c. DATE SIGNED *11-13-61*

23a. BURIAL, CREMATION, REMOVAL (Specify) *Removal* 23b. DATE *Oct. 27, 1961* 23c. NAME OF CEMETERY OR CREMATORY *Thistlewood* 23d. LOCATION (City, town, or county) (State) *Mounds Pulaski Illinois*

24. FUNERAL DIRECTOR ADDRESS *Berbling-Karscher Cairo, Ill.* 25. DATE RECD. BY LOCAL REG. *Nov. 15, 1961* 26. REGISTRAR'S SIGNATURE *[Signature]*

NOV 21 1961

**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 Virgil H. Kelch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau, 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.