

FILED AUG 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26251

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 241

1. PLACE OF DEATH a. COUNTY Cape Girardeau County			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir		
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau Mo.		c. LENGTH OF STAY (In this place) 75 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		0164
d. FULL NAME OF HOSPITAL OR INSTITUTION 539 S. Pacific St			d. STREET ADDRESS (If rural, give location) 539 So. Pacific		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Hezekiah c. (Last) Stovall			4. DATE OF DEATH (Month) (Day) (Year) Aug 10 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 15 1874	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR 8 Months 25 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Cement Construction	11. BIRTHPLACE (State or foreign country) no	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Issac Stovall		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Cape Gir.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Emory Stovall Cape Gir.			
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 EXAMINATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous - Primary site in Prostate. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure				INTERNAL BETWEEN ONSET AND DEATH ? 177X ?
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 7-19-1950 to 8-10-1950, that I last saw the deceased alive on 6-3-1950, and that death occurred at 7:25 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Charles F. Wilson M.D.		(Degree or title)	23b. ADDRESS 714 Broadway Cape Girardeau Mo.	23c. DATE SIGNED 8-12-50.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 12 1950	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.		
DATE REC'D BY LOCAL REG. 8-12-1950	REGISTRAR'S SIGNATURE C. C. Summers	44	25. FUNERAL DIRECTOR'S SIGNATURE J. P. Howell	ADDRESS P. O. Box 200	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 14 1950

District Health Office No. 6

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

AUG 17 1950

**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 .....  
Student Embalmer

Signed *W. H. Estes*

Licensed Embalmer No. *8568*

P. O. Address *Cap. Hill Md*

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 this body is not embalmed, fact should be so stated above.