

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015032
STATE FILE NUMBER

FILED MAY 9 1958

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 30

300
1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN FRANKLIN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN BENTON
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ymi. S-W. ELDON		Length of stay in 1b 2 mo	d. STREET ADDRESS (If outside, give location) 36 Burkett- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last LUELLA- Stewart			4. DATE OF DEATH Month Day Year April 23 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 27 Nov-1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		9b. KIND OF BUSINESS OR INDUSTRY At-Home	9. AGE (In years last birthday) 87
10a. FATHER'S NAME Samuel Parkhill		10b. BIRTHPLACE (City and state or country) Steeleville- Ill	10. CITIZEN OF WHAT COUNTRY? U. S. A.
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None		11a. MOTHER'S MAIDEN NAME Huldah Steel	11b. NAME OF HUSBAND OR WIFE FRANKLIN STEWART
12. SOCIAL SECURITY NO. None		12. INFORMANT Address CARRY-MOORE- ELDON- MO	
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis myocardial degeneration DUE TO (b) Hypertension DUE TO (c) Arteriosclerosis 443X			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
15. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		15. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) None	
16. TIME OF INJURY Hour Month, Day, Year p.m. NONE		16. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
17. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17. CITY, TOWN, OR LOCATION COUNTY STATE None	
18. I attended the deceased from 7:25 AM April 23, 1958 and last saw her alive on April 23, 1958 Death occurred at 9:25 AM			
19. SIGNATURE Carl J. Brubaker M.D.		19. ADDRESS ELDON MO	
20. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20. DATE 26 April 58	
21. NAME OF CEMETERY OR CREMATORY Masonic & Oddfellow		21. LOCATION (City, town, or county) (State) BENTON ILL	
22. FUNERAL DIRECTOR DRAYC-FUNERAL-Home-		22. ADDRESS BENTON-ILL	
23. DATE RECD. BY LOCAL REG. April 23, 58		23. REGISTRAR'S SIGNATURE C. Veretta Waltz	

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAY 9 1958

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 *Keith M. Fays*

Licensed Embalmer No. *3998*

P. O. Address *Eldon 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.