ARIZONA STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATE FILE NO. 8423

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH
A. COUNTY: Pinal
B. LENGTH OF STAY: IN THIS TOWN 1 yr; IN ARIZONA 19 yrs
C. CITY OR TOWN: Coolidge, ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 351 W. Wilson

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Pinal
C. CITY OR TOWN: Coolidge ☒ IN CITY LIMITS ☐ OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 351 W. Wilson
E. IS RESIDENCE ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED (TYPE OR PRINT): A. (FIRST) STEPHEN B. (MIDDLE) EDWARD C. (LAST) STEWART

4. SEX: Male
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Clara Belle Stewart
7. DATE OF BIRTH: MONTH Aug DAY 30 YEAR 1885
8. AGE (IN YEARS LAST BIRTHDAY): 75
IF UNDER 1 YEAR: MONTHS 1 DAYS 25
IF UNDER 24 HRS.: HOURS ---- MIN. ----
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Doctor
9B. KIND OF BUSINESS OR INDUSTRY: Orthopedic
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Tennessee
11. CITIZEN OF WHAT COUNTRY? US
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): Yes (IF YES, WAR OR DATES OF SERVICE): WW I
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Meril Stewart
14B. BIRTHPLACE (STATE OR COUNTRY): N.R.
15A. MOTHER'S MAIDEN NAME: No Record
15B. BIRTHPLACE (STATE OR COUNTRY): N.R.
16. INFORMANT'S SIGNATURE: Mrs Clara B. Stewart ADDRESS: Coolidge, Arizona
17. DATE OF DEATH (MONTH) October (DAY) 25, (YEAR) 1960

18. CAUSE OF DEATH — ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Coronary Occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II. OTHER SIGNIFICANT CONDITIONS — CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 15 June, 1959 TO 22 Sept, 1960 THAT I LAST SAW THE DECEASED ALIVE ON 22 Sept, 1960 AND THAT DEATH OCCURRED AT 11:15 a.m. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE (DEGREE OR TITLE): James H. Boyd MD
22B. ADDRESS: Coolidge, Ariz
22C. DATE SIGNED: 27 Oct 60

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR)
23E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
23F. HOW DID INJURY OCCUR?

CORONER'S CERTIFICATION
24A. CORONER'S SIGNATURE: [illegible]
24B. ADDRESS
24C. DATE SIGNED

FUNERAL DIRECTOR AND REGISTRAR
25A. BURIAL ☒ CREMATION ☐ REMOVAL ☐
25B. DATE: 10/29/60
25C. NAME OF CEMETERY OR CREMATORY: Valley Memorial Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Coolidge, Arizona
26A. DATE REC. BY LOCAL REG.: 10-28-60
26B. REGISTRAR'S SIGNATURE: Mrs Chas D Coolidge
27A. FUNERAL DIRECTOR'S SIGNATURE: Cole & Maud Mortuary
27B. ADDRESS: Coolidge, Arizona
28A. EMBALMER'S SIGNATURE: [illegible]
28B. EMBALMER'S CERT. NO.: 335

FORM VS-2 REV. 3-18-55 25M AMPCO 26392