

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43312

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY <b>SHELBY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>SHELBY</b>	
b. CITY OR TOWN <b>SHELBYNA</b>		c. CITY OR TOWN <b>SHELBYNA</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>UNKNOWN</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>-</b>	c. (Last) <b>EUBANK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>12-27-1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>11/24/1866</b>	9. AGE (In years last birthday) <b>84</b>	10. MONTHS <b>1</b>	11. DAYS <b>3</b>	12. IF UNDER 1 YEAR Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>YERA EUBANK</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Yera Eubank</b>	ADDRESS <b>SHELBYNA</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>		
	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 related to the disease or condition causing death.		<b>332X</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dec 23, 1950, to Dec 25, 1950, that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R.A. Mihalevich D.O.</b>	23b. ADDRESS <b>SHELBYNA, MO</b>	23c. DATE SIGNED <b>12-28-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/28/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SHELBYNA CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>SHELBYNA MO</b>
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DATE REC'D BY LOCAL REG. <b>12-29-50</b>	REGISTRAR'S SIGNATURE <b>Ada Garrison</b>	419	25. FUNERAL DIRECTOR'S SIGNATURE <b>Dwan Funeral Home</b>	ADDRESS <b>NUMBERS</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: JAN 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 1-54-19  
Date Filed: JAN 10 1951

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

*Harold T. Garner*

Licensed Embalmer No. 3720

P. O. Address *Morse City 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 this body is not embalmed, fact should be so stated above.