

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 36876

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-salt Spring Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1319 E. 29th street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>hwy. #24, 1/2 mi. W. Huntsville</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elmer</u>	b. (Middle) <u>Cecil</u>	c. (Last) <u>Eubank</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1953</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 29, 1902</u>	9. AGE (In years last birthday) <u>51</u>	IF WOMAN: YEAR Months <u>51</u>	IF WOMAN: HRS. Days <u>51</u>	IF WOMAN: MIN. <u>51</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, if varied) <u>concrete construction</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>S. Barney Eubank</u>	13b. MOTHER'S MAIDEN NAME <u>Sophia Eubank</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Pearl Eubank</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give date of service) <u>487-01-5522</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Buford Stratton</u>	ADDRESS <u>Richmond, Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 5 min</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrown from automobile in accident</u>		
	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.		<u>E8164</u> <u>26</u>

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 24</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Salt Springs Randolph, Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 18 1953 1:20 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>3 car accident 1/2 mile West Huntsville Mo</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:25 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. J. J. Jolly D.O. Coroner</u>	23b. ADDRESS <u>Moberly, Missouri</u>	23c. DATE SIGNED <u>10-18-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>10-19-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunnyslope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>10-19-1953</u> <u>Mary H. Bentley</u>	482	25. FUNERAL DIRECTOR'S SIGNATURE <u>Guest-Lile Funeral Home</u>	ADDRESS <u>Richmond Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0880

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NOV 27 1956

NOV 27 1956

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 Paul J. Dalton

Licensed Embalmer No. 4095

P. O. Address Huntsville, Ala.

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.