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

FILED OCT 27 1955

STANDARD CERTIFICATE OF DEATH

State File No. 35697

BIRTH NO. _____ REG.-DIST. NO. 347 PRIMARY REG. DIST. NO. 6158 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Stone Missouri		b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue Eye, Mo.		c. CITY OR TOWN Blue Eye		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Blue Eye, Missouri		e. STREET ADDRESS (If rural, give location) Blue Eye, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) ROYAL b. (Middle) ROGER c. (Last) EUBANKS			4. DATE OF DEATH (Month) (Day) (Year) October 14, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 14 Jan. 1879	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Tahlequah, Okla.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Eubanks	13b. MOTHER'S MAIDEN NAME Elizabeth Thompson	14. NAME OF HUSBAND OR WIFE Myrtle Eubanks
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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) No	16. SOCIAL SECURITY NO. 473-01-5112	17. INFORMANT'S SIGNATURE OR NAME Myrtle Eubanks--Blue Eye, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 19 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis		Unknown
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H200		

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)
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 **May 4, 1952** to **Oct 14, 1955**, that I last saw the deceased alive on **19 Oct**, 19 **55**, and that death occurred at **8 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W.C. Magnus, M.D.	23b. ADDRESS Branson, Mo.	23c. DATE SIGNED 10-18-55
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10-16-55	24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery	24d. LOCATION (City, town, or county) (State) Blue Eye, Missouri
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DATE REC'D BY LOCAL REG. Oct 22 55	REGISTRAR'S SIGNATURE Miss J. Anne Branson	25. FUNERAL DIRECTOR'S SIGNATURE Clark M. Wilson - Berryville, Ark.	ADDRESS
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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..... *Charles M. Nelson*

Licensed Embalmer No. *815*

P. O. Address *Bennyville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.