

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 9 - 1957

STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 45

Health,
Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u>		c. CITY OR TOWN <u>Richmond</u> <u>089</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cassidy Rest Home</u>		d. STREET ADDRESS <u>West Lyngdon</u>	
Length of stay in lb <u>2 months</u>		(If outside, give location) <u>0</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>STEPHEN</u> Middle <u>BARBER</u> Last <u>EUBANK</u>			4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1957</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 13, 1874</u>
9. AGE (In years (last birthday)) <u>82</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>30</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Raised Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	11. BIRTHPLACE (City and state or country) <u>Boone County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Stephen Barber Eubank</u>	
14. MOTHER'S MAIDEN NAME <u>Mary Rommens</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT <u>ma Eva Wyatt, Exclusion Springs, Missouri</u> Address <u></u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident -</u> DUE TO (b) <u>arteriosclerosis severe</u> DUE TO (c) <u>pneumonia & persistent hicough 2 wks</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Had arteriosclerotic gangrene of leg removed</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 days</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>331X</u>	
20c. TIME OF INJURY Hour: <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u>Richmond</u> COUNTY <u>Ray</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>7-10-55</u> death <u>4-3-57</u> last saw <u>him</u> alive on <u>4-2-57</u> Death occurred at <u>9:25 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. K. Darrault M.D.</u> (Degree or title)		22b. ADDRESS <u>Richmond</u>	
22c. DATE SIGNED <u>4-4-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>April 5, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cem.</u>	
23d. LOCATION (City, town, or county) <u>Richmond Missouri</u>		(State) <u>Missouri</u>	
24. FUNERAL DIRECTOR <u>QUEST-LILE FUNERAL HOME</u> ADDRESS <u>Richmond, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>April 7 - 1957</u>	
26. REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>			

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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 *[Handwritten Signature]*.....
Licensed Embalmer No. *486*

P. O. Address *[Handwritten Address]*

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.