t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED JAN 13 1958

THE DIVISION OF HEALTH OF MISSOURI 83700-57

STANDARD CERTIFICATE OF DEATH

44684
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 531

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Independence, Mo. Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1525 Sterling Indep., Mo. Length of stay in 1b 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Independence Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1211 W. 24th Indep., Mo. Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: BABY Middle: LESLIE Last: LANE EUBANK
4. DATE OF DEATH Month, Day, Year: December 2, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: November 6, 1957
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 26 IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kansas City, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: William F. Eubank
13b. MOTHER'S MAIDEN NAME: Marilyn Shively
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: William F. Eubank Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mongolism — 7630
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 2, 1957 to Dec 2, 1957 and last saw her alive on Dec 2, 1957
Death occurred at 9:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Seymour J. Kranson M.D. (Degree or title)
22b. ADDRESS 1210 So Ash, Indep., Mo
22c. DATE SIGNED 12-3-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: December 4, 1957
23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Ott & Mitchell ADDRESS: Independence, Mo.
25. DATE RECD. BY LOCAL REG.: 12-4-57
26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JAN 9 1958

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 .....

Licensed Embalmer No. 3156

P. O. Address Independence 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.