

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006288

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 5638 Registrar's No. 171

1. PLACE OF DEATH a. COUNTY Lafayette				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Lafayette			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Bates City Sni a bar Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				c. CITY OR TOWN Bates City 2540 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. 5 Mi So				Length of stay in lb llyrs		d. STREET ADDRESS (If outside, give location) R.F.D. 5 Mi So	
3. NAME OF DECEASED (Type or print) First Middle Last Mattie May Eubank				4. DATE OF DEATH Month Day Year Feb 27 1958			
5. SEX FM		6. COLOR OR RACE Wh		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 1 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Columbia Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John Mathews				14. MOTHER'S MAIDEN NAME Florence Cottingham			
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. None		17. INFORMANT A.R. Eubank Bates City Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis						INTERVAL BETWEEN ONSET AND DEATH Sudden	
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)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 4201				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from _____ to _____ and last saw her ^{her} _{alive} on Oct 1958 Death occurred at 6:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W. Williams M.D.				22b. ADDRESS Oak Grove, Mo		22c. DATE SIGNED 2-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Mar 1 1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem		23d. LOCATION (City, town, or county) (State) Raytown Mo		
24. FUNERAL DIRECTOR D.W. Newcommers & Sons Brush Creek & Paseo Kansas City Mo				25. DATE RECD. BY LOCAL REG. Mar 1-58		26. REGISTRAR'S SIGNATURE Emma Davidson	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare
Public Service300
1-56

All symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 7 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..... *F. B. [unclear]*

Licensed Embalmer No. 231

P. O. Address Blue Springs

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