No. 300
10-48

FILED APR 19 1951

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

State File No. 11907

210
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BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 12

**1. PLACE OF DEATH**
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Keytesville Twp.
c. LENGTH OF STAY (in this place): Passing thru
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. 24; west of Keytesville

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Huntsville 0880
d. STREET ADDRESS (If rural, give location): Tissue Street 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): David
b. (Middle): Stephen
c. (Last): Eubank

**4. DATE OF DEATH** (Month) (Day) (Year): April 9 1951

**5. SEX**: male 0
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married 1
**8. DATE OF BIRTH**: July 28, 1887
**9. AGE** (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): auctioneer
**10b. KIND OF BUSINESS OR INDUSTRY**: auctioneer
**11. BIRTHPLACE** (State or foreign country): Randolph County, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: James Roger Eubank
**13b. MOTHER'S MAIDEN NAME**: Lucy Mildred White
**14. NAME OF HUSBAND OR WIFE**: Elizabeth Maud Eubank

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): no none
**16. SOCIAL SECURITY NO.**: none
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. David S. Eubank; Huntsville, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Angina pectoris — INTERVAL BETWEEN ONSET AND DEATH: 1-hr.

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4202
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

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 _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): H. D. Garrett Coroner of Chariton 3
**23b. ADDRESS**: County Keytesville Mo
**23c. DATE SIGNED**: 4-12-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial 0
**24b. DATE**: 4-11-1951
**24c. NAME OF CEMETERY OR CREMATORY**: Huntsville Cemetery
**24d. LOCATION** (City, town, or county) (State): Huntsville, Missouri

**DATE REC'D BY LOCAL REG.**: 5/13-51
**REGISTRAR'S SIGNATURE**: G W Hawkins 55
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Tom B Patton Huntsville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 23 1951

APR

Date Received: APR 17 1951
DISTRICT HEALTH OFFICE #2
District File Number 4-51-743
Date Filed: APR 17 1951

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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 .....
Student Embalmer

Signed Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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