

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 11 1952

BIRTH NO.		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>6177</u>		Registrar's No. <u>3</u>		
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural--Buchanan Twp.</u>) c. LENGTH OF STAY (in this place) <u>39 yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 7 mi. N.E. Green City</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Buchanan Twp.</u> <u>1050</u> d. STREET ADDRESS (If rural, give location) <u>7 Mi. N. E. Green City</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>Frank</u> c. (Last) <u>Eubanks</u>			4. DATE OF DEATH <u>Feb. 3, 1952</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 6, 1895</u>		9. AGE (in years last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>---</u> Days <u>---</u>		IF UNDER 2 HRS. Hours <u>---</u> Min. <u>---</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Leander Scott Eubanks</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Rumbly</u>		14. NAME OF HUSBAND OR WIFE <u>Nancy S. Eubanks</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Nancy S. Eubanks, Green City,</u>				
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		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 <u>Jan</u> , 19 <u>51</u> , to <u>Feb 3</u> , 19 <u>52</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Eubanks MD</u>				23b. ADDRESS <u>Green City, Mo.</u>		23c. DATE SIGNED <u>Feb 4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb. 5, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Feb. 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Laura M. Collett</u> <u>415</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn E. Kent & Son, Green City, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Karl R. Kent.....

Licensed Embalmer No. 4689.....

P. O. Address Green City, 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 this body is not embalmed, fact should be so stated above.