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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED MAR 2 - 1953  
Registration District No. 102

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

W. E. Parks  
Cardwell Mo. 5353  
State File No. 5353  
Registrar's No.

Primary Registration District No. 4174

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

1. PLACE OF DEATH:  
(a) County Dunklin  
(b) City or town Cardwell  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
at home, Route 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

3: (a) PRINT FULL NAME Melvin Eubanks  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Izora Ezell Eubanks 6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased December 24, 1895  
(Month) (Day) (Year)

8. AGE: Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Hollywood, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER

12. Name James Olive Eubanks

13. Birthplace Puxico, Missouri (City, town, or county) (State or foreign country)

14. Maiden name Nellie Kirt

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. James Eubanks

(b) Address Twist, Arkansas

17. (a) burial (b) Date thereof Feb. 1, 1953  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lulu

18. (a) Signature of funeral director Mitchell Funeral Home

(b) Address Paragould, Arkansas

19. (a) 2-18-53 (b) Hubert B. Polard  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Dunklin 0350  
(c) City or town Cardwell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 30  
year 1953 hour 6 minute 30 p. a. M.  
21. I hereby certify that I attended the deceased from 1/25/53  
\_\_\_\_\_, 19\_\_\_\_, to 1/30, 1953  
that I last saw him alive on 1/30, 1953,  
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 4201  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature William E. Park (M. D. or other) \_\_\_\_\_  
Address Cardwell, Mo Date signed 2/9/53

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 2-25-59

COUNTY FILE NUMBER 253-77

**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

Randal L. Mitchell

, Registered Apprentice No.

working under my personal supervision.

Signed

*Randal L. Mitchell*

Licensed Embalmer No.

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P. O. Address Paragould, Arkansas

**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.**