

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1176

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN INDEPENDENCE	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If rural, give location) R.R. #4 INDEPENDENCE, MISSOURI	

3. NAME OF DECEASED (Type or Print) a. (First) AMBROSE	b. (Middle) EASTIN	c. (Last) EUBANK	4. DATE OF DEATH (Month) (Day) (Year) FEB. 23 1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 8 1878	9. AGE (In years last birthday) 74	10. F UNDER 1 YEAR Months	11. F UNDER 1 YEAR Days	12. F UNDER 1 YEAR Hours	13. F UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DOCTOR - 2 YRS.	10b. KIND OF BUSINESS OR INDUSTRY EYE, EAR, NOSE & THROAT MEDICINE	11. BIRTHPLACE (City and State or Foreign Country) CLARK COUNTY KENTUCKY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME WILLIAM Z. EUBANK	13b. MOTHER'S MAIDEN NAME MARIAM WEAVER	14. NAME OF HUSBAND OR WIFE DORA SMILEY EUBANK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MAHLON Z. EUBANK HICKMAN MILLS, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		DUE TO (b) Acute Coronary Thrombosis		1 week?
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Coronary Arteriosclerosis		1 week?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		Generalized Arteriosclerosis		4 1/2
		Paroxysmal Apatitis		6 years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan 28, 1951, to Feb 23, 1953, that I last saw the deceased alive on Feb 23, 1953, and that death occurred at 5:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE Carl R. Ferris (Degree or title) MD	23b. ADDRESS 934 Ayrle Bldg. Kansas City, Missouri	23c. DATE SIGNED Feb 24, 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 26 1953	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-26-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Muesom's Sons 1351 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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12-5

**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 Charles H. Stucky

Licensed Embalmer No. 4560

P. O. Address AP 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.