

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

32782

State File No.

FILED SEP 30 1957

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5832 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ft. Crowder</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>1004 Hampton Court</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ft. Crowder Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u>		b. (Middle) _____		c. (Last) <u>Eubank</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 11, 1913</u>		9. AGE (In years last birthday) <u>43</u>	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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Christopher Mayer</u>		13b. MOTHER'S MAIDEN NAME <u>Neva Moberly</u>		14. NAME OF HUSBAND OR WIFE <u>E. A. Eubank</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War II 495-03-4817</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sgt. F. A. Eubank, Neosho Missouri</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MASSIVE PULMONARY EMBOLUS</u>		ANTECEDENT CAUSES		<u>2 Min</u>	
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Phlebo Thrombosis</u>		<u>4 weeks</u>	
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 <u>20 Sep 57</u>		19b. MAJOR FINDINGS OF OPERATION <u>Charactourly done for CARDIAC ARREST</u>		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) _____	
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? _____	

22. I hereby certify that I attended the deceased from 1 Aug 1957 to 20 Sep 1957, that I last saw the deceased alive on 9 Sep 1957, and that death occurred at 1:05P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Keuffel, Cap MC</u>		23b. ADDRESS <u>Ft. Crowder Mo.</u>		23c. DATE SIGNED <u>9-20-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-22-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>					

DATE REC'D BY LOCAL REG. <u>9-21-57</u>		REGISTRAR'S SIGNATURE <u>William Bowman</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cooley Thompson, Neosho Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. Newton

District File Number 957-215

Date Filed SEP 23 1957

OCT 22 1957

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 Barney Thompson Sr.

Licensed Embalmer No. 3259

P. O. Address Neosho 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.