Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031696

STATE FILE NUMBER

OCT 15 1958 Registration District No. 27 Primary Registration District No. 5077 Registrar's No. 129

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Charlotte Twp. — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9 miles W. Butler (Died In Transit) — Length of stay in H.
d. STREET ADDRESS (If outside, give location): 3 Miles N. Amoret — Reside on Farm: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Bates
c. CITY OR TOWN: Amoret — Inside Limits: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Blanche Middle: Eva Last: Ewbank

4. DATE OF DEATH: Month 9 Day 26 Year 58

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 11-19-1903

9. AGE (In years last birthday): 54 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Homemaker

11. BIRTHPLACE (City and state or country): Illinois 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Willis Dunavan

13b. MOTHER'S MAIDEN NAME: Nellie Streeter

14. NAME OF HUSBAND OR WIFE: Perry Ewbank

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Perry Ewbank Address: Amoret, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: One Hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 4201
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 26, 1958, to Sept. 26, 1958 and last saw her alive on Sept 26, 1958
Death occurred at 4:10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W. X. Schubert (Degree or title) D. O.

22b. ADDRESS: Amoret, Mo.

22c. DATE SIGNED: 9-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-1-58

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Butler, Missouri

24. FUNERAL DIRECTOR ADDRESS: Archer & Mangold, Amsterdam, Mo.

25. DATE RECD. BY LOCAL REG.: Oct 1 1958

26. REGISTRAR'S SIGNATURE: Kendall Kerney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

OCT 15 1956

JUN 25 1962

FEB 4 1959

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 .....
Signature of Student Embalmer

Signed Robert L. Mangold

Licensed Embalmer No. 4972

P. O. Address LaCygne, Kans

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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