URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-036159

STATE FILE NUMBER

FILED VS NOV 2 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4996

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hosp. — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lafayette
c. CITY OR TOWN Odessa — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 305 E. Chestnut — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First WILBUR Middle LEROY Last EWBANK
4. DATE OF DEATH Month October Day 16 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 5-13-27
9. AGE (last birthday) 32 ~~22~~ yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stockman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Amoret, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Perry A. Ewbank
13b. MOTHER'S MAIDEN NAME Blanche Dunavan
14. NAME OF HUSBAND OR WIFE NormaEwbank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII Korean
16. SOCIAL SECURITY NO. 494 30 7408
17. INFORMANT Address VA Hospital Official Records

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) ~~[illegible]~~ Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bronchial obstruction with secretions — 48 hours
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Amyotrophic lateral sclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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. ☒ VA attended the deceased from Oct. 14, 1959 to Oct. 16, 1959 xxxxxxxxxxxx
Death occurred at 1:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE THOMAS R HUNT (Degree or title) M.D.
22b. ADDRESS VA Hospital, K. C. Mo.
22c. DATE SIGNED 10-16-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Oct. 16, 1959
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) (State) Odessa, Mo.

24. FUNERAL DIRECTOR Husman-Sparks, Odessa, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 10-17-59
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

ENDED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William T. Spa

Signature of Student Embalmer

Licensed Embalmer No. 443

P. O. Address Odess

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.