

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**62-021879**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 27 Primary Registration District No. 5086 Registrar's No. 112

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| <b>FILED JUN 19 1962</b>   |  | 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>                                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Homer Twp.</u>   |  | Length of stay in 1b<br><u>55 yrs.</u>  |   | c. CITY OR TOWN <u>Amsterdam</u><br>Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>3 mi. S. Amsterdam</u>   |  |   | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><u>3 mi. S. Amsterdam</u><br>Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Perry</u> Middle <u>Addison</u> Last <u>Ewbank</u>   |  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>7</u> Year <u>62</u>                 |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><u>9-1-1899</u>   | 9. AGE (last birthday)<br><u>62</u>  | IF UNDER 1 YEAR<br>Months <u>9</u> Days <u>6</u> Hours <u>3</u> Min. <u>0</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farming</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Bradleyville, Iowa</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |  | 13a. FATHER'S NAME<br><u>Frederick Curtis</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Berthenia Kelly</u>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>Blanche Ewbank, dec.</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv)<br><u>no</u>  |   | 16. SOCIAL SECURITY NO. <u>[REDACTED]</u>  |  |
| 17. INFORMANT<br><u>Roger Ewbank, Amsterdam, Mo.</u>   |  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Suicide - 22 Rifle through Brain</u>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Between 2:30-6:00 PM</u>  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |  | DUE TO (b) <u>Mental Confusion &amp; Disturbance 2 yrs.</u>   |   | DUE TO (c) <u>Arterio-Sclerosis of Cerebral Vessels 10 yrs</u>   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Mentally Unsound</u> |  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>Shot himself through his head with 22 cal. Rifle</u>   |   |  |  |
| 20c. TIME OF INJURY<br>Between <u>2:30-6:00</u> a.m. <u>June 7, 1962</u> P.M.  |  | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>In Chicken House At the Home</u>   |   | 20f. CITY, TOWN, OR LOCATION<br><u>Near Amoret, Bates Co, Missouri</u>   |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  | 21. I attended the deceased from <u>June 20, 1962</u> to <u>June 7, 1962</u> and last saw him alive on <u>May 29, 1962</u><br>Death occurred <u>Between 2:30-6:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE<br><u>W.H. Schuler, D.D. (Deputy Coroner)</u>   |  | 22b. ADDRESS<br><u>Amoret, Mo.</u>  |   | 22c. DATE SIGNED<br><u>6-10-62</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 23b. DATE<br><u>6-11-62</u>   |   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Hill Cemetery</u>   |  |
| 23d. LOCATION (City, town, or county)<br><u>Butler, Mo.</u>  |  | 24. FUNERAL DIRECTOR<br><u>Archer &amp; Mangold F.H., Amsterdam, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-14-62</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Norma Jean Wilbur</u>  |  |   |   |  |  |

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**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.