ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO. 8377

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 251

1. PLACE OF DEATH
A. COUNTY: Yuma
B. LENGTH OF STAY: IN THIS TOWN 17 yrs; IN ARIZONA 17 yrs
C. CITY OR TOWN: Yuma — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION): 169 North 12th Avenue

2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION)
A. STATE: Arizona
B. COUNTY: Yuma
C. CITY OR TOWN: Yuma — [X] IN CITY LIMITS [ ] OUTSIDE CITY LIMITS
D. STREET ADDRESS (IF RURAL, GIVE LOCATION): 169 No 12th Ave.
E. IS RESIDENCE ON A FARM? YES [ ] NO [X]

3. NAME OF DECEASED (TYPE OR PRINT)
A. (FIRST): CHARLES
B. (MIDDLE): LEONARD
C. (LAST): EUBANK

4. SEX: M
5. COLOR OR RACE: White
6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Married
6B. NAME OF SPOUSE: Alice O. Eubank
7. DATE OF BIRTH: MONTH Sept; DAY 12; YEAR 1883
8. AGE (IN YEARS LAST BIRTHDAY): 73
IF UNDER 1 YEAR: MONTHS / DAYS
IF UNDER 24 HRS.: HOURS / MIN.
9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED): Carpenter
9B. KIND OF BUSINESS OR INDUSTRY: Construction
10. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Texas
11. CITIZEN OF WHAT COUNTRY? USA
12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN): No (IF YES, WAR OR DATES OF SERVICE)
13. SOCIAL SECURITY NO.: None
14A. FATHER'S NAME: Richard Angus Eubank
14B. BIRTHPLACE (STATE OR COUNTRY): Texas
15A. MOTHER'S MAIDEN NAME: Lou Faulkner
15B. BIRTHPLACE (STATE OR COUNTRY): Georgia
16. INFORMANT'S SIGNATURE: Alice O. Eubank — ADDRESS: Yuma, Arizona
17. DATE OF DEATH: (MONTH) December (DAY) 15 (YEAR) 1956

18. CAUSE OF DEATH
ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C).
‡THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.
PLACE DISEASE CONTRACTED.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH‡
(A) Squamous Cell Carcinoma of face & neck extension into
DUE TO (B) Gunshot wounds of neck
DUE TO (C)

ANTECEDENT CAUSES
MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.

II. OTHER SIGNIFICANT CONDITIONS
CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

INTERVAL BETWEEN ONSET AND DEATH: 1 year.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM July 14, 1956 TO Dec 15, 1956 AND THAT I LAST SAW THE DECEASED ALIVE ON Dec 10, 1956, AND THAT DEATH OCCURRED AT approx. 2:30 PM. FROM THE CAUSES AND ON THE DATE STATED ABOVE.
22A. SIGNATURE: [illegible] MD (DEGREE OR TITLE)
22B. ADDRESS: Yuma, Ariz
22C. DATE SIGNED: 12/17/56

DEATH DUE TO EXTERNAL VIOLENCE
23A. ACCIDENT / SUICIDE / HOMICIDE / NATURAL CAUSE (SPECIFY)
23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)
23C. (CITY OR TOWN) (COUNTY) (STATE)
23D. TIME OF INJURY (MONTH) (DAY) (YEAR) (HOUR) M
23E. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
23F. HOW DID INJURY OCCUR?

24A. CORONER'S SIGNATURE
24B. ADDRESS
24C. DATE SIGNED

25A. BURIAL [X] CREMATION [ ] REMOVAL [ ]
25B. DATE: December 17, 1956
25C. NAME OF CEMETERY OR CREMATORY: Desert Lawn Mem. Park
25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE): Yuma, Arizona
26A. DATE REC. BY LOCAL REG.: Dec. 17-1956
26B. REGISTRAR'S SIGNATURE: Bernice Pickett, Deputy Registrar
27A. FUNERAL DIRECTOR'S SIGNATURE: The Johnson Mortuary
27B. ADDRESS: P. O. Box 310, Yuma, Arizona
28. EMBALMER'S SIGNATURE: O. C. Johnson
28B. EMBALMER'S CERT. NO.: 19 A

FORM VS-2 REV. 3-15-55

E OF DEATH AND L RESIDENCE
DECEDENT PERSONAL DATA
CAUSE OF DEATH (ITEM 18)
OPERATIONS, AUTOPSY
MEDICAL CERTIFICATION
DEATH DUE TO EXTERNAL VIOLENCE
CORONER'S CERTIFICATION
FUNERAL DIRECTOR AND REGISTRAR