

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

3310 22
STATE FILE NO. 54021

STATE OF TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Texas b. COUNTY Dallas	
b. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas		c. CITY (If outside corporate limits, write RURAL and give precinct no.) Dallas	
c. LENGTH OF STAY (in this place) 50 Years		d. STREET ADDRESS (If rural, give location) 312 South Cumberland	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkland Memorial		4. DATE OF DEATH November 21, 1954	
3. NAME OF DECEASED (Type or Print) a. (First) Uel		b. (Middle) Melvin	
c. (Last) Eubanks		5. SEX Male	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH February 14, 1903		9. AGE YEARS MONTHS DAYS 51 9 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painting & Roofing		10b. KIND OF BUSINESS OR INDUSTRY Contractor	
11. BIRTHPLACE (State or foreign country) Texas		12. FATHER'S NAME W. N. Eubanks	
13. MOTHER'S MAIDEN NAME Maggie E. Loggins		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
15. SOCIAL SECURITY NO. No		16. INFORMANT'S SIGNATURE L. M. Eubanks	
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute clotting defect DUE TO (c) ? Cirrhosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis, G. I. Hemorrhage; ? H.C.V.D.	
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE (Specify)	
20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20c. (CITY, TOWN OR COUNTY) (STATE) TEXAS DEPARTMENT OF HEALTH REC'D DEC 9 1954 BUREAU OF VITAL STATISTICS	
20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20f. HOW DID INJURY OCCUR?		21. I hereby certify that I attended the deceased from 11-21 , 19 54 , to 11-21 , 19 54 , that I last saw the deceased alive on 11-21 , 19 54 , and that death occurred at 6:29 A.M. , from the causes and on the date stated above.	
22a. SIGNATURE Robert C. Bondy, M.D.		22b. ADDRESS Parkland Hospital	
22c. DATE SIGNED 11/21/54		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE November 22, 1954		23c. NAME OF CEMETERY OR CREMATORY Laurel Land Memorial Park	
23d. LOCATION (City, town, or county) (State) Dallas Texas		24. FUNERAL DIRECTOR'S SIGNATURE Dudley M. Hughes Funeral Home; By: J. L. Horn	
25a. REGISTRAR'S FILE NO. 4524		25b. DATE REC'D BY LOCAL REGISTRAR Nov. 22/1954	
25c. REGISTRAR'S SIGNATURE L. E. Bryant			

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