

FILED AUG 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24262

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>133</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Lebanon</u>		c. LENGTH OF STAY (In this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. CITY OR TOWN <u>Lebanon</u>		e. STREET ADDRESS (If rural, give location) <u>230 Harwood Ave.</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
a. (First) <u>Johnny</u>		b. (Middle) <u>Melvin</u>		c. (Last) <u>Earp</u>		Month () Day () Year () <u>Aug. 8. 1956.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 5, 1941</u>	
9. AGE (In years last birthday) <u>15</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wallace Earp</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Long</u>	
13a. FATHER'S NAME <u>Wallace Earp</u>		13b. MOTHER'S MAIDEN NAME <u>Edith Long</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. (If rec, give war or dates of service) <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Edith Earp, Lebanon, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shotgun wound in head</u>		2. ANTECEDENT CAUSES (b) <u>None</u>				<u>Imm.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		3. OTHER SIGNIFICANT CONDITIONS (c) <u>9190</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>19</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lebanon Laclede Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug. 8, 1956:40</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Accidentally discharged gun.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:40P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Stanley R. Palmer</u>				23b. ADDRESS <u>Coron Lebanon, Mo.</u>		23c. DATE SIGNED <u>8-9-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-11-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-10-1956</u>		REGISTRAR'S SIGNATURE <u>Hella S. Hays</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley R. Palmer</u>		ADDRESS <u>Lebanon, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+24

Received 8-13-56

Laclede County Health Unit

File No. 133

Date Filed 8-13-56

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 Stanley R Palmer

Licensed Embalmer No. 4816

P. O. Address Lebanon

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.