

Health, Welfare
Public Service

300
1-56

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED FEB 19 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. 5254 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Triphett, Triphett Twn Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Triphett 0210 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION Length of stay in lb		d. STREET ADDRESS (If outside, give location) 2 1/2 Mi. N.E. Triphett Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First WAYNE Middle E Last EUBANK		4. DATE OF DEATH Month 2 Day 8 Year 57	
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JUNE 18-1887
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM WORK	
11. BIRTHPLACE (City and state or country) Triphett MO		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry EUBANK		14. MOTHER'S MAIDEN NAME JENNIE JENKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs WAYNE EUBANK		Address Triphett MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound in Head. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9191			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Shot him self in head getting shot from Wild hunting		
20c. TIME OF INJURY Hour 4 Month, Day, Year 2-8-57 P. M.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) from Home	20f. CITY, TOWN, OR LOCATION Triphett	COUNTY 24 STATE MO.
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at H. P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. D. Barnett (Degree or title) 3		22b. ADDRESS Keystoneville MO	
22c. DATE SIGNED 2-9-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-10-57	23c. NAME OF CEMETERY OR CREMATORY McCullough	23d. LOCATION (City, town, or county) (State) Triphett MO
24. FUNERAL DIRECTOR A. L. Shepard ADDRESS Wenden MO		25. DATE RECD. BY LOCAL REG. 2-10-57	
		26. REGISTRAR'S SIGNATURE Mildred Frame	

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1956

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 *A. L. Shepard*.....
Licensed Embalmer No. *39*

P. O. Address *Wendover*

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