

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36346

State File No.

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 5601 ~~5032~~ Registrar's No. 142

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Rural: Warrensburg		c. CITY (If outside corporate limits, write RURAL and give township) Rural: Warrensburg Twp.	
c. LENGTH OF STAY (in this place) 6 yrs		d. STREET ADDRESS (If rural, give location) RFD 2 Warrensburg	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Hiway 13, North of Warrensburg			

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Earp c. (Last) Earp			4. DATE OF DEATH (Month) (Day) (Year) Oct. 30, 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug. 18, 1935	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Lafayette County, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Enos Earp	13b. MOTHER'S MAIDEN NAME Mary A. Turner	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 492-36-6390	17. INFORMANT'S SIGNATURE OR NAME Enos Earp, RFD 2, Warrensburg, Mo.	ADDRESS Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussion of Head & Neck and Multiple Fractures		
	ANTECEDENT CAUSES Due to (b) Automobile Accident		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway 13	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Warrensburg Twp; Johnson, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 30, 1953	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from 10:10 to 10:30 19, that I last saw the deceased alive on 19, and that death occurred at 10:30 m., from the causes and on the date stated above.

23a. SIGNATURE Kelly Rawlins M.D.	(Degree or title)	23b. ADDRESS Holden, Missouri	23c. DATE SIGNED 10/31/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 3, 1953	24c. NAME OF CEMETERY OR CREMATORY Sunset Hill	24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri
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DATE REC'D BY LOCAL REG. Nov 1, 1953	REGISTRAR'S SIGNATURE Savannah [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Sweeney Phillips, Warrensburg, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1954

RECEIVED
MAY 9 1953
JOHNSON COUNTY HEALTH DEPT.

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student John P. Rodgers
Student Embalmer

Signed J. Earl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.