

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7855

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 4449 Registrar's No. 8-1949

1. PLACE OF DEATH a. COUNTY <u>Kawflow</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Kawflow</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cuba</u>	
		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Gunn</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 18 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-7-1876</u>
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>6</u>	11. DAYS <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Cuba, Mo. D</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Gunn</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bunton</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Gunn</u>
18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Isen Arterio Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>	
19a. DATE OF OPERATION <u>NINE</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 19, 1947</u> , to <u>March 18, 1949</u> , that I last saw the deceased alive on <u>March 17, 1949</u> , and that death occurred at <u>5:45 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph T. D. ...</u>		23b. ADDRESS <u>Box 105 Cuba Mo</u>	23c. DATE SIGNED <u>3/19/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-20-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SEA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>SEASBURG, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-20-1949</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shanklin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin</u> ADDRESS <u>Cuba, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 5

District File Number 449234

Date Filed 4-1-49

MAY 3 1949

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 \_\_\_\_\_  
Student Embalmer

Signed Paul A. Frank

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo.

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