

t. Health,
& Welfare
s. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035447
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 498

S. 300
v. 1-57
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1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Moniteau	
b. CITY OR TOWN Columbia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN California Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION UNIVERSITY HOSP. 80 Days		Length of stay in lb 80 Days d. STREET ADDRESS 0 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First WILLIAM Middle F. Last GUNNOE			4. DATE OF DEATH Month 11 Day 5 Year 1958				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months 7 Days 1 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ISAAC GUNNOE		13b. MOTHER'S MAIDEN NAME MARY CHRISTIAN		14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 491-05-2688		17. INFORMANT Address HOSPITAL RECORD			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral anoxia			INTERVAL BETWEEN ONSET AND DEATH 48 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Respiratory acidosis			1 year
	DUE TO (c) Pulmonary emphysema			10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5271			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

20a. ACCIDENT <input 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.)			
20c. TIME OF INJURY Hour 5:30 Month, Day, Year 11-5-58 a.m. P p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION California COUNTY MO STATE MO		

21. I attended the deceased from **11-1-58** to **11-5-58** and last saw her alive on **11-5-58**
Death occurred at **5:30 P** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jack M. Mart M.D.		22b. ADDRESS 1111 W. Main St. Mo. Columbia		22c. DATE SIGNED 11-6-58	
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23a. BURIAL, CREMATION, REMOVAL (Specify) 11/6/58		23b. DATE 11/6/58		23c. NAME OF CEMETERY OR CREMATORY California City		23d. LOCATION (City, town, or county) (State) California MO	
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24. FUNERAL DIRECTOR Bowling Funeral Home Calif. Mo ADDRESS Nov. 6 1958		25. DATE RECD. BY LOCAL REG. Nov. 6 1958		26. REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *Earl Bowlin*

Licensed Embalmer No. *2126*

P. O. Address *Calif, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.