

**FEDERAL BUREAU OF INVESTIGATION**  
**U.S. DEPARTMENT OF JUSTICE**  
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**U.S. DEPARTMENT OF JUSTICE**

**-60-018775**

**FILED VS MAY 31 1960**

77 Primary Registration District No. 3016 Registrar's No. 186

STATE FILE NUMBER

ENDED

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cole</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>                   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Jefferson City</u>   |  | Length of stay in 1b<br><u>4 days</u>   |  | c. CITY OR TOWN<br><u>Eldon</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><u>Memorial Community</u>  |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>301 N. Mill St.</u>              |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Asa</u> Middle <u>Samuel</u> Last <u>Gunn</u>  |  |   |  | 4. DATE OF DEATH<br>Month <u>May</u> Day <u>19</u> Year <u>1960</u>   |  |  |  |
| 5. SEX<br><u>Male</u>  |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>11-4-1891</u>   |  |
| 9. AGE (last birthday)<br><u>68</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Railroad Conductor</u> |  | 11. BIRTHPLACE (City and state or country)<br><u>Versailles, Mo.</u>  |  | 12. CITIZEN OF WHAT COUNTRY<br><u>United States</u>                                  |  |
| 13a. FATHER'S NAME<br><u>S. B. Gunn</u>  |  |   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Mobley</u>   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Bertha Gunn</u>                                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes World War I</u>   |  |   |  | 16. SOCIAL SECURITY NO.<br><u>486-18-2794</u>   |  | 17. INFORMANT<br><u>E. L. Lloyd - Eldon Mo.</u>                                      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 days</u>  |
| IMMEDIATE CAUSE (a) <u>Acute Pyelonephritis</u>  |  |   |  |   |  |  |  |
| DUE TO (b) <u>Necrotizing papillitis</u>   |  |   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Chronic Hemolytic anemia; healed pulmonary tuberculosis</u>  |  |   |  |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>1:35</u> a.m. p.m.  |  | Month, Day, Year<br><u>5-16-60</u>  |  | 20d. INJURY OCCURRED WHILE AT WORK <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<br><u>Eldon</u>  |  | COUNTY<br><u>Miller</u>   |  | STATE<br><u>Missouri</u>   |  |
| 21. I attended the deceased from <u>5-16-60</u> to <u>5-19-60</u> and last saw <u>him</u> alive on <u>5-18-60</u><br>Death occurred at <u>1:35</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>E. L. Lloyd, M.D.</u>   |  |   |  | 22b. ADDRESS<br><u>Jeff. City, Mo.</u>  |  | 22c. DATE SIGNED<br><u>5-19-60</u>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  |  | 23b. DATE<br><u>21 May 1960</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Eldon Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Eldon Missouri</u>               |  |
| 24. FUNERAL DIRECTOR<br><u>Louis A. Phillips</u>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><u>21 May 1960</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>R. P. Dorris, M.D. - Richter Exp.</u>                |  |

BY AFFIDAVIT OF: Wife, Bertha Gunn

MEDICAL CERTIFICATION

FEB 23 1961

RECEIVED

STATEMENT BY LICENSED EMBALMER

0004 I N

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Don E. Phillips Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips  
Signature of Student Embalmer

Signed Louis A. Phillips

Licensed Embalmer No. 3663

P. O. Address E. L. Lane

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.