

FILED MAY 9 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 13620
 Registrar's No. 114

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u> <u>0105</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCotmick Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>207E Broadway</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ernest</u> b. (Middle) <u>BRAGG</u> c. (Last) <u>GUNN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 29-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>April 29, 1896</u>
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RESTAURANT OWNER</u>	11. BIRTHPLACE (State or foreign country) <u>Randolph Co. Missouri</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>SAME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Sterling Gunn</u>		13b. MOTHER'S MAIDEN NAME <u>ORA ELISIE BROCKMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or date of service) <u>World War I</u>		16. SOCIAL SECURITY NO. <u>49-16-3761</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Otagunn, 317 N. Main, Huntsville Mo</u> ADDRESS
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* <u>Hypostatic PNEUMONIA</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Hemorrhage</u> <u>4 da</u> DUE TO (c) <u>Fractured skull</u> <u>4 da</u> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>88 1/2</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>088</u>	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Suicide Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HW 63 N. Clark Moberly</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>North Clark Randolph MO</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 25-1951 1:00</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>TURN ON MOTOR SKOOTER - STUCK BY AUTO</u>	
22. I hereby certify that I attended the deceased from <u>4/25</u> , 19 <u>49</u> , to <u>4/29</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/29</u> , 19 <u>51</u> , and that death occurred at <u>9:05 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Lucy J. Gally</u> (Degree or title) <u>W.O.</u>		23b. ADDRESS <u>420 3/2 N. Clark Moberly</u>	
23c. DATE SIGNED <u>4/29/51</u>		23d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-2-1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-2-51</u>		REGISTRAR'S SIGNATURE <u>Leah Weisauer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Peterson</u>		ADDRESS <u>Huntsville Mo</u>	

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

AUG 20 1952

MAY 10 1951

Date Received: MAY 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-57-85-8
Date Filed: MAY 8 1951

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address: Huntsville, TN

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.