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FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10210

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Ralls,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Center Township
c. LENGTH OF STAY (In this place): 11r
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Center Missouri R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls,
c. CITY OR TOWN: Center Mo.RFD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Center Township.

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3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Norman
c. (Last): Gunn

4. DATE OF DEATH (Month) (Day) (Year): April 6,1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Jan 16,1902
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR Months 2 Days 20 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and State or Foreign Country): Frankford,Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Gunn
13b. MOTHER'S MAIDEN NAME: Florence Phillips.
14. NAME OF HUSBAND OR WIFE: Nora Gunn.

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs Lewis Walley. Hannibal,Missour

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis Acute	6 weeks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchial Pneumonia	6 weeks
DUE TO (c)	Unknown	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	None Known	

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: 491x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 22, 1956, *to* April 6, 1956, *that I last saw the deceased alive on* April 5, 1956, *and that death occurred at* 4:00AM., *from the causes and on the date stated above.*

23a. SIGNATURE: C. H. Brooks (Degree or title): D.O.
23b. ADDRESS: Center,Missouri
23c. DATE SIGNED: 4-7-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-9-56
24c. NAME OF CEMETERY OR CREMATORY: Frankford Cemetery
24d. LOCATION (City, town, or county) (State): Farnkford,Mo.

DATE REC'D BY LOCAL REG.: 4-7-56
REGISTRAR'S SIGNATURE: Clyde C. Mickey
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Mickey
ADDRESS: Perry,Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Clyde C. Wilbe

Licensed Embalmer No...382

P. O. Address....Perry, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.