

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28463**
6444

FILED AUG 24 1956

318

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6444

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION D. O. A. Homer G. Phillips		STREET ADDRESS (If rural, give location) 3867 Belle	
3. NAME OF DECEASED a. (First) Jessie (Type or Print)		b. (Middle) M. c. (Last) Gunn	
4. DATE OF DEATH July 5, 1956		5. SEX Female	
6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	
8. DATE OF BIRTH May 8, 1956 1896		9. AGE (In years, last birthday) 60	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Work		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Oxford, Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Champ Buford		13b. MOTHER'S MAIDEN NAME E. Smith	
14. NAME OF HUSBAND OR WIFE Hickman Gunn		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	
16. SOCIAL SECURITY NO. 488-30-2085		17. INFORMANT'S SIGNATURE OR NAME Katie Cooper ADDRESS 3867 Belle	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Coronary Thrombosis		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at _____, _____, _____, from the causes and on the date stated above.	
23a. SIGNATURE [Signature]		23b. ADDRESS 1300 Elmwood	
23c. DATE SIGNED 7/9/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE July 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) Berkley, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Konec ADDRESS 1221 N. Grand	
DATE REC'D BY LOCAL REG. JUL 9 1956		REGISTRAR'S SIGNATURE [Signature]	

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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 *Mahin Blackburn*

Licensed Embalmer No. *396*

P. O. Address *1221 N. St.*

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, the also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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