

FILED MAY 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 11373

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 187

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville	
c. LENGTH OF STAY (In this place) 26 years		d. STREET ADDRESS (If rural, give location) 709 W. George	
d. FULL NAME OF HOSPITAL OR INSTITUTION 709 W. George		d. STREET ADDRESS (If rural, give location) 709 W. George	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) John	b. (Middle) Francis	c. (Last) Funk	May		4 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1882	9. AGE (In years last birthday) 67	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 HRS. Hours	10. UNDER 1 HRS. Min.
--------------------	-------------------------------	---	---------------------------------------	---	-------------------------	-----------------------	------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Employee	10b. KIND OF BUSINESS OR INDUSTRY Eggert Coal Co.	11. BIRTHPLACE (State or foreign country) Wapello County, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Samuel Funk	13b. MOTHER'S MAIDEN NAME Margaret Shuttlefield	14. NAME OF HUSBAND OR WIFE Lola Crow
---------------------------------------	--	--

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. 490-10-6921	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola Funk, Kirksville, Mo	ADDRESS
--	--	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 3/4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3
---	--	-------------------------------------

22. I hereby certify that I attended the deceased from **March 21, 1949**, to **May 4, 1949**, that I last saw the deceased alive on **4/29, 1949**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Albert W. Lambert, D.O.	23b. ADDRESS Kirksville Mo.	23c. DATE SIGNED 5/4/49
---	------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/8/49	24c. NAME OF CEMETERY OR CREMATORY Highland Park	24d. LOCATION (City, town, or county) (State) Kirksville, Mo.
---	-------------------------	---	--

DATE REC'D BY LOCAL REG. 5-6-49	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Paul M. Riley	ADDRESS Kirksville, Mo.
--	---	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No.

District File Number 5-49

MAY 10 1949

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.

Signed Ray H. Mercer

Signed.....
Student Embalmer

Licensed Embalmer No. 4432

P. O. Address Kirkville, 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 this body is not embalmed, fact should be so stated above.