

FILED JUN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15627

BIRTH NO. 1 REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>New Hampton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New Hampton</u>	
c. LENGTH OF STAY (in this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>West part of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>West part of New Hampton</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>Frances</u> c. (Last) <u>FUNK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3 1949</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Oct 11 1882</u>	9. AGE (In years last birthday) <u>66</u>	10. AGE (In years last birthday) <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>r</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander Stevenson</u>		13b. MOTHER'S MAIDEN NAME <u>Kathrine Bulger</u>	
14. NAME OF HUSBAND OR WIFE <u>Albert Funk Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Harold Funk</u>		ADDRESS <u>New Hampton Mo</u>	
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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* (a) <u>Hemiplegia (Cerebral hemorrhage)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u>		<u>years</u>	
		DUE TO (c) <u>Chronic interstitial nephritis</u>		<u>years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>592X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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 1947 to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. L. Green</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>New Hampton Mo</u>		23c. DATE SIGNED <u>5-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 5 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carter Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gentry County Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 27-49</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		116		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Noble</u>	
						ADDRESS <u>New Hampton Mo</u>	

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 embalmed by me, or by ms

Student Embalmer No.

working under my personal supervision.

Signed

W H Noble

Signed.....

Student Embalmer

Licensed Embalmer No. 2904

P. O. Address New Hampton, ma

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.