

10-300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27577

FILED SEP 14 1949

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 87

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| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del. | | d. STREET ADDRESS (If rural, give location) Gen. Del. | |

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|-------------------------------------|-------------------|-------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) THOMAS | b. (Middle) | c. (Last) FUNDERBURK | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1949 |
|-------------------------------------|-------------------|-------------|----------------------|---|

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|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|------------------------|----------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH May 9, 1870 | 9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Hours | IF UNDER 1 MIN. Min. |
|-------------|------------------------|--|------------------------------|------------------------------------|------------------------|------------------------|----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer | 10b. KIND OF BUSINESS OR INDUSTRY X | 11. BIRTHPLACE (State or foreign country) Unknown | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Perry Funderburk | 13b. MOTHER'S MAIDEN NAME Lou Richardson | 14. NAME OF HUSBAND OR WIFE Sallie Funderburk |
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| 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. X | 17. INFORMANT'S SIGNATURE OR NAME Buelah Bailey | ADDRESS Portageville, Mo. R. 2 |
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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, ashenia, 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) Chronic Myocarditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterovascular DUE TO (c) Hypertension | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 1521 |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 8-18-1949, to 8-18-1949, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) H. E. Bond M.D. | 23b. ADDRESS Hayti Mo. | 23c. DATE SIGNED 8-24-49 |
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|--|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Aug. 20, 1949 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion | 24d. LOCATION (City, town, or county) (State) Cooter, Mo. |
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| DATE REC'D BY LOCAL REG. 9-7-49 | REGISTRAR'S SIGNATURE John W. German | 25. FUNERAL DIRECTOR'S SIGNATURE H.S. SMITH | ADDRESS FURNAL HOME CARTHERSVILLE, MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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

9-49-245

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 James A. O'Brien
Licensed Embalmer No. 4185

P. O. Address Caruthersville, 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.