

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31419

BIRTH NO.		REG. DIST. NO. 291	PRIMARY REG. DIST. NO. 5992	Registrar's No. 80
1. PLACE OF DEATH a. COUNTY PUTNAM		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PUTNAM		
b. CITY (If outside corporate limits, write RURAL and give township) TOWN LINCOLN TOWNSHIP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LINCOLN TOWNSHIP		
c. LENGTH OF STAY (In this place) LIFE TIME		d. STREET ADDRESS (If rural, give location) CINCINNATI, IOWA		
d. FULL NAME OF HOSPITAL OR INSTITUTION				
3. NAME OF DECEASED (Type or Print) a. (First) JAMES		b. (Middle) ALFRED		c. (Last) FUNNELL
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 30 1949				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 26 1861	
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months I	IF UNDER 24 HRS. Days 4	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARM		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (State or foreign country) PUTNAM COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME JOHN FUNNELL		13b. MOTHER'S MAIDEN NAME MARY ANN GRAY		14. NAME OF HUSBAND OR WIFE CLARA FUNNELL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME CLARENCE FUNNELL CINCINNATI, IOWA
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) Acute Indigestion 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.		
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) (Minute)		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 12:40 pm., from the causes and on the date stated above.				
23a. SIGNATURE <i>M. W. Lane</i> Acting Coroner		23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 9-30-49
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE OCT. 2 1949	24c. NAME OF CEMETERY OR CREMATORY UNIONVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) UNIONVILLE, MO.
DATE REC'D BY LOCAL REG. 10-1-49		REGISTRAR'S SIGNATURE <i>Marvella Durbin</i> 266		25. FUNERAL DIRECTOR'S SIGNATURE <i>By J. W. Comstock</i> Unionville, Mo.

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

RECEIVED OCT 5 1949
District Health Officer No. 1
District File Number 10-49-17
Date Filed OCT 5 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.

Student _____
Student Embalmer

Signed James W. Comstock
Licensed Embalmer No. 4197

P. O. Address Unionville, 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.