S. No. 300
. 10.48

FILED JUN 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20759

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY: KNOX
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EDINA Mo
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GIBSON HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI b. COUNTY: KNOX
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - 4½M - N.E. HURDLAND - LYON TWP
d. STREET ADDRESS (If rural, give location): 4½M NE HURDLAND 0520

3. NAME OF DECEASED (Type or Print)
a. (First): VIOLA b. (Middle): SARAH c. (Last): FUNK

4. DATE OF DEATH (Month) (Day) (Year): JUNE 21 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MARCH 1, 1869
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: HOUSEKEEPING
11. BIRTHPLACE (State or foreign country): KNOX CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: JOHN THOMAS FUNK
13b. MOTHER'S MAIDEN NAME: NANCY SMALLWOOD
14. NAME OF HUSBAND OR WIFE: UNMARRIED

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: ROY FUNK HURDLAND ADDRESS: Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 hours
334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/21, 1950, *to* 6/21, 1950, *that I last saw the deceased alive on* 6/21, 1950, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D
23b. ADDRESS: Edina Mo.
23c. DATE SIGNED: 6/21-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL D
24b. DATE: 6/24-1950
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F.
24d. LOCATION (City, town, or county) (State): HURDLAND MO

DATE REC'D BY LOCAL REG.: June-22-1950
REGISTRAR'S SIGNATURE: Nell S. Hunsick 151 D
25. FUNERAL DIRECTOR'S SIGNATURE: Leo K. Easley Jr. ADDRESS: Hurdland Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 24 195

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 Geo B Easley Jr.

Licensed Embalmer No. 3455

P. O. Address Thurdland 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.