

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26888

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. <u>3489</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City</u>		29-18	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6246 Sumner Road</u>			
3. NAME OF DECEASED (Type or Print) <u>Samuel</u>		a. (First) <u>JAMES</u>		b. (Middle) <u>Funter</u>		c. (Last)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 4, 1888</u>	
9. AGE (In years last birthday) <u>61</u>		OF UNDER 1 YEAR Months <u>6</u> Days <u>14</u>		OF UNDER 1 HR. Hours <u>1</u> Min. <u>0</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1950</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truckman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Wrecking Buildings</u>		11. BIRTHPLACE (State or foreign country) <u>Hennietta Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>William Funter</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Lancaster</u>		14. NAME OF HUSBAND OR WIFE <u>Hella M. Funter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hella M. Funter, K.C. Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cardiac dilatation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fresh Myocardial Infarction</u> DUE TO (c) <u>Coronary Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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)		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 <u>Pathologist</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack H. Hill</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>3001 Wyandotte St K.C. Mo.</u>		23c. DATE SIGNED <u>15 Aug 50</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>August 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rubenvorn Missouri</u>		24d. LOCATION (City, town, or county) (State) <u>Rubenvorn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-15-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>First Life Funeral Home</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 5 1950

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 George Phil.....

Licensed Embalmer No. 4069.....

P. O. Address Richmond, Mass.....

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.