

5. No. 300
EV. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31180**

FILED OCT 11 1951

BIRTH NO. 299 REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6628 Registrar's No. 15

0993
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Lesterville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2239	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 1/2 mile east of Lesterville		d. STREET ADDRESS (If rural, give location) 2622 Geyer	

3. NAME OF DECEASED (Type or Print)	a. (First) IDA	b. (Middle) FUNK	c. (Last) KNUCKLES	4. DATE OF DEATH (Month) (Day) (Year) Sept. 29 1951
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5. SEX fem /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Nov. 29 1898	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 10 Days 0	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Annapolis Missouri D	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Funk	13b. MOTHER'S MAIDEN NAME Cynthia Pennington	14. NAME OF HUSBAND OR WIFE Cefus L. Knuckles
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 493-28-1476	17. INFORMANT'S SIGNATURE OR NAME Mrs. Essie Radford,	ADDRESS 2622 Geyer, St. Louis
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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, asthma, 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) Crushed skull		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		8/16/26	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 090	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lesterville Township Reynolds M.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29 51 1:30 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? automobile accident
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) J. D. Pythe, M.D. Coroner	23b. ADDRESS Centerville Mo.	23c. DATE SIGNED Oct 2, 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-2-51	24c. NAME OF CEMETERY OR CREMATORY Mann Cemetery	24d. LOCATION (City, town, or county) (State) Annapolis Mo.
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DATE REC'D BY LOCAL REG. Oct 5, 1951	REGISTRAR'S SIGNATURE E. M. ...	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home	ADDRESS Centerville Mo.
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(Licensed Embalmer's Statement on Reverse Side)

OCT 22 1951

RECEIVED

OCT 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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 Russel J. White.....

Licensed Embalmer No. 3012.....

P. O. Address Clinton, 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.