

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4568

State File No.

MAR 10 1952

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>3443</u>		Registrar's No. <u>23</u>		
1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Gentry</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Gentry</u>)		c. LENGTH OF STAY (in this place) <u>lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gentry, Rural</u>		<u>0352</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile s of Gentry</u>				d. STREET ADDRESS (If rural, give location) <u>1 mi. S. of Gentry</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mr. Thomas Jefferson</u> b. (Middle) <u>Funderburk</u> c. (Last) <u>Funderburk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 27 1952</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>Dec. 26 1857</u>		
9. AGE (In years last birthday) <u>94</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>labor</u>		11. BIRTHPLACE (State or foreign country) <u>Gentry county, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Funderburk</u>			13b. MOTHER'S MAIDEN NAME <u>Cynthia Nelson</u>			14. NAME OF HUSBAND OR WIFE		
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>Mr. Truman Summa, Gentry, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Prostate</u>					<u>1 month</u>	
		ANTECEDENT CAUSES <u>Peumonia Labor.</u>					<u>2 day</u>	
		DUE TO (b) <u>Peumonia Labor.</u>						
		DUE TO (c)						
		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>					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) (Min.)		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>Jan 2, 1952</u> to <u>Feb 27, 1952</u> , that I last saw the deceased alive on <u>Feb 27, 1952</u> , and that death occurred at <u>10. 45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Charles N. McKeen</u>			23b. ADDRESS <u>Gentry Mo</u>			23c. DATE SIGNED <u>3-1-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mar 1st. 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Friendship</u>		24d. LOCATION (City, town, or county) (State) <u>East of Gentry, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Mar 3-5-52</u>		REGISTRAR'S SIGNATURE <u>Maudie Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kathy H. Phillips</u>		ADDRESS <u>Stambers</u>		

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

1380

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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 _____

Leroy H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stonington, Md.

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.