

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43003

State File No.

5. No. 300
v. 10.48

FILED JAN 5 1953

BIRTH NO.		REG. DIST. NO. <u>272</u>		PRIMARY REG. DIST. NO. <u>4297</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Boonville</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boonville</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coster</u>		c. LENGTH OF STAY (In this place) <u>69 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coster</u>		0780	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Lee</u> c. (Last) <u>Funderburk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 24 52</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2-8-12-1967</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		11. BIRTHPLACE (City, State or Foreign Country) <u>Pa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joe Allison</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Hendrick</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>U. Funderburk</u> ADDRESS <u>Coster</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>Sensitivity & Hypo-static pneumonia.</u> <u>myocardial thrombosis.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
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 <u>4222</u>	
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)		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>11-18</u> , 19 <u>52</u> , to <u>12-24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>12-24</u> , 19 <u>52</u> , and that death occurred at <u>2:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Chapman M.D.</u> (Degree or title)				23b. ADDRESS <u>Steele, Mo</u>		23c. DATE SIGNED <u>12-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12-26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-27-52</u>		REGISTRAR'S SIGNATURE <u>J. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman and Co</u>		ADDRESS <u>Steele, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0780

~~1-390-25~~

1-1-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JAN 2 1953

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 John H. German

Licensed Embalmer No. 4355

P. O. Address Hayti, 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.