

# STANDARD CERTIFICATE OF DEATH

State File No. **15101**

FILED APR 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 41

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Newton</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Neosho, Rte. # 2</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Neosho, Rte. # 2 0730</u>                              |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neosho, Rte. # 2</u>   |  | d. STREET ADDRESS (If rural, give location) <u>Route # 2</u>  |  |

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| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>Aried</u> b. (Middle) <u>V.</u> c. (Last) <u>Funkhouser</u> |  |  | 4. DATE OF DEATH (Month) <u>April</u> (Day) <u>15</u> (Year) <u>1953</u> |  |  |
|--|--|--|--|--|--|

|                    |                               |   |                                  |   |   |  |
|--------------------|-------------------------------|---|----------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>9-6-1886</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>9</u> | IF UNDER 12 HRS. Hours <u></u> Mins. <u></u> |
|--------------------|-------------------------------|---|----------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Iola, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---|--|---|
| 13a. FATHER'S NAME <u>John Funkhouser</u> | 13b. MOTHER'S MAIDEN NAME <u>Caraie Bailey</u> | 14. NAME OF HUSBAND OR WIFE <u>Pearl Funkhouser</u> |
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|  |                                     |  |
|--|-------------------------------------|--|
| 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 <u>Pearl Funkhouser</u> ADDRESS <u>Neosho, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>About 2 yrs.</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |

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|---|--|--|
| 19a. DATE OF OPERATION <u>2-27-1952</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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 <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 \_\_\_\_\_, 19\_\_\_\_, to 4-14, 1953, that I last saw the deceased alive on 4-13, 1953, and that death occurred at 9:15 A. from the causes and on the date stated above.

|   |                                 |                                 |
|---|---------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. E. Maness M.D.</u> | 23b. ADDRESS <u>Neosho, Mo.</u> | 23c. DATE SIGNED <u>4-16-53</u> |
|---|---------------------------------|---------------------------------|

|  |                               |   |  |
|--|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>April 18, 53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Iola, Kansas.</u> |
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| DATE REC'D BY LOCAL REG. <u>4-16-53</u> | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mortuary</u> ADDRESS <u>Neosho, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

730  
1

**RECEIVED**

District Health Officer No. \_\_\_\_\_  
District File Number 453-93  
Date Filed APR 27 1953

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

**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 Jesse C. Sullivan, Jr.  
Licensed Embalmer No. 4646

P. O. Address Neosho, 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.