No. 300
10.48

FILED JUL 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21909

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4206 Registrar's No. 59

0410 1

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton
c. LENGTH OF STAY (In this place): 10 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Northeast part of New Hampton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Hampton 0410
d. STREET ADDRESS (If rural, give location): Southwest part of New Hampton

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Lee
c. (Last): Funk

4. DATE OF DEATH (Month) (Day) (Year): July 12 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 5, 1907

9. AGE (In years last birthday): 48 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (City and State or Foreign Country): New Hampton, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Samuel Tennessee Funk

13b. MOTHER'S MAIDEN NAME: Nancy Rebecca Clabaugh

14. NAME OF HUSBAND OR WIFE: Waive Funk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 500-07-7010

17. INFORMANT'S SIGNATURE OR NAME: Waive Funk
ADDRESS: New Hampton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gunshot wound — INTERVAL BETWEEN ONSET AND DEATH: Sudden Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Neurasthenia
DUE TO (c) Feared losing his mind

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
976X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Fathers Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): New Hampton Harrison Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 12-1955 8:15 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Shot himself through mouth.

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* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph L. Marshall D.C. Coroner Harrison County

23b. ADDRESS: Bethany, Mo.

23c. DATE SIGNED: 7-13-1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 14, 1955

24c. NAME OF CEMETERY OR CREMATORY: Foster Cemetery

24d. LOCATION (City, town, or county) (State): New Hampton Missouri

DATE REC'D BY LOCAL REG.: 7-14-55

REGISTRAR'S SIGNATURE: Zola Burres 116-C

25. FUNERAL DIRECTOR'S SIGNATURE: W. H. Noble & Son
ADDRESS: New Hampton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 25 1956

JUL 28 1956

DEC 7 1955

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 William George Noble, Student Embalmer No. 513, working under my personal supervision.

Student William George Noble
Student Embalmer

Signed W. G. Noble

Licensed Embalmer No. 2904

P. O. Address New Hampton 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.