FILED NOV 5 - 1956

Health, Welfare Public Service

300 1-56

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33197
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1161

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION: Hovey Nursing Home 110 So. 10th St. — Length of stay in 1b: 30 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph 0117 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location): 3013 North 6th — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print): First LENA Middle K Last MILLIKEN

4. DATE OF DEATH Month Oct. Day 27 Year 1956

5. SEX 1 Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** 2 ☐ **DIVORCED** ☐

8. DATE OF BIRTH April 15, 1899

9. AGE (In years last birthday) 57 — 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): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Andrew County Missouri

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Funkhauser

14. MOTHER'S MAIDEN NAME: Anna Schneider

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. 498-24-7507

17. INFORMANT Address: Andrew B. Milliken St. Joseph, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1½ mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myo-carditis with mitral insufficiency. — Unk.
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222

19. WAS AUTOPSY PERFORMED? YES ☐ NO ✓

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/10/56, to 10/27/56 and last saw her alive on 10/26/56
Death occurred at 7:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. F. Mundy M.D.

22b. ADDRESS 2801 Sacramento St. Joseph, Missouri

22c. DATE SIGNED 10/27/56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE 10-30-56

23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery

23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR Stamey Funeral Home — ADDRESS: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG. Nov. 2, 1956

26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 46

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.