S. No. 300
10.48

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29049

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodland Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
d. STREET ADDRESS (If rural, give location): 212 North Broadway

0210

3. NAME OF DECEASED (Type or Print): a. (First) Guy b. (Middle) Martin c. (Last) Funkhouser

4. DATE OF DEATH (Month) (Day) (Year): Aug. 28, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 5, 1888
9. AGE (In years last birthday): 69 — 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): Retired Upholsterer
10b. KIND OF BUSINESS OR INDUSTRY: Furn. Mfg.
11. BIRTHPLACE (City and State or Foreign Country): Lexington, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Elijah Funkhouser
13b. MOTHER'S MAIDEN NAME: Elizabeth Ringo
14. NAME OF HUSBAND OR WIFE: Annie Preston Funkhouser

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.: 487-03-8254
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Guy Funkhouser — ADDRESS: Salisbury 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	NEPHROSCLEROSIS	5 yrs
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROSIS	10 yrs
DUE TO (c)	DIABETES MELLITUS	9 yr
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	MYOCARDIAL INFARCTION	1 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 15, 1957, *to* Aug 28, 1957, *that I last saw the deceased alive on* Aug 28, 1957, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence Elkins MD
23b. ADDRESS: 317 Virginia Moberly Mo
23c. DATE SIGNED: Aug 29 57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8/31/57
24c. NAME OF CEMETERY OR CREMATORY: McCurry Cemetery
24d. LOCATION (City, town, or county) (State): Chariton County, Mo.

DATE REC'D BY LOCAL REG.: 8/31/57
REGISTRAR'S SIGNATURE: Teabe Lowe
25. FUNERAL DIRECTOR'S SIGNATURE: Chas B Winkelmeyer — ADDRESS: Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

269-0

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury 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.