

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040564

STATE FILE NUMBER

FILED VS DEC 9 1959

Registration District No. 146

Primary Registration District No. 5368

Registrar's No. 540

MAILED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sugar Creek		Length of stay in 1b 38 yrs.		c. CITY OR TOWN Sugar Creek		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 921 No. Sterling			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 707 No. Sterling		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last EDWARD M. FUNKHOUSER				4. DATE OF DEATH Month Day Year November 28, 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-3-1921	9. AGE (last birthday) 38	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembly Line			10b. KIND OF BUSINESS OR INDUSTRY Fisher Body		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Vern Funkhouser			13b. MOTHER'S MAIDEN NAME Cora Stout			14. NAME OF HUSBAND OR WIFE Helen Funkhouser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II			16. SOCIAL SECURITY NO. 500-12-1906		17. INFORMANT Address Helen Funkhouser, 707 No. Sterling, Sugar				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spontaneous Subarachnoid Hemorrhage DUE TO (b) Spontaneous Subarachnoid Hemorrhage DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Richard Owen Carson				22b. ADDRESS 1034 North Blvd			22c. DATE SIGNED 11-28-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-30-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.				
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Independence, Mo.				25. DATE RECD. BY LOCAL REG. 11-30-59		26. REGISTRAR'S SIGNATURE James S. Lewis			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS DEC 9 1959

STATEMENT BY LICENSED EMBALMER

DEC 30 1959

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 _____
Signature of Student Embalmer

Signed Raymond E. Eber

Licensed Embalmer No. 4266
P. O. Address Independence

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.-
If this body is not embalmed, fact should be so stated above.