RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

X FILED VS MAR 23 1960

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60-010323
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 22

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron
Length of stay in 1b: 5 hr.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cameron Community
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Minnesota
b. COUNTY: Freeborn
c. CITY OR TOWN: London
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): London
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George Middle: Last: Funda
4. DATE OF DEATH: Month: March Day: 4, Year: 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-8-1874
9. AGE (last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker
10b. KIND OF BUSINESS OR INDUSTRY: Finance
11. BIRTHPLACE (City and state or country): Freeborn Co.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Vincent Funda
13b. MOTHER'S MAIDEN NAME: Mary Mahachek
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Erla Mahachek Address: Minneapolis, Minn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	5 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary arteriosclerosis	10 yrs.
DUE TO (c)	Generalized arteriosclerosis	20 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Acute physical & nervous exhaustion from auto trip

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 3-3-60, to 3-4-60 and last saw her/him alive on 3-3-60
Death occurred at 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): B. H. Compton MD
22b. ADDRESS: Cameron, Missouri
22c. DATE SIGNED: 3-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/4/60
23c. NAME OF CEMETERY OR CREMATORY: Woodbury Cemetery
23d. LOCATION (City, town, or county) (State): London, Minnesota

24. FUNERAL DIRECTOR: Roland Funeral Home ADDRESS: Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: 3-4-60
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

US APR 12 1966

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Laurence J. Thompson

Licensed Embalmer No. 4235

P. O. Address Cameron, C

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.