SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006104
STATE FILE NUMBER

AMENDED

Registration District No. 275 Primary Registration District No. 4409 Registrar's No. 47

FILED VS MAR 2 1961

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Newburg — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home..in Newburg. — Inside Limits Yes ☒ No ☐

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

3. NAME OF DECEASED (Type or print) First CHARLES Middle .. Last FUNKE
4. DATE OF DEATH Month Feb. Day 23, Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-15-99
9. AGE (last birthday) 61 — 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Agr.
11. BIRTHPLACE (City and state or country) Beaver, Missouri
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Max Funke
13b. MOTHER'S MAIDEN NAME Amanda Heflin
14. NAME OF HUSBAND OR WIFE Amy F. Funke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
17. INFORMANT Address Mrs. Amy F. Funke, Newburg, 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) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ 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 1959, to Date and last saw ~~her~~ him alive on Feb 14, 1961
Death occurred at 3:30P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D F Andreasen MD
22b. ADDRESS Rolla Mo
22c. DATE SIGNED 2/24/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-26-61
23c. NAME OF CEMETERY OR CREMATORY Rhea Cemetery
23d. LOCATION (City, town, or county) (State) Rural..Rolla, Missouri

24. FUNERAL DIRECTOR ADDRESS Null & Son Funeral Home..Rolla By Paul E. Null
25. DATE RECD. BY LOCAL REG. Feb. 24, 1961
26. REGISTRAR'S SIGNATURE Nadine L Stoll

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 22397

P. O. Address _____

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.