MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1222
1221-61-008778
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED MAR 29 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. Joseph Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1836 ½ Washington — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: John Middle: C Last: Funderburk
4. DATE OF DEATH Month: March Day: 8 Year: 1961
5. SEX: Male
6. COLOR OR RACE: Cauc.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov. 14, 1884
9. AGE (last birthday): 76
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): Retired Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Transfer Co.
11. BIRTHPLACE (City and state or country): Atchinson Kansas
12. CITIZEN OF WHAT COUNTRY: U.S.A
13a. FATHER'S NAME: Perry Funderburk
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Esther Funderburk
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.:
17. INFORMANT: Mrs. Esther L. Funderburk Address: 1836 ½ Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ascites — unknown
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 Feb 28-61, to Mar 7-61 and last saw him alive on 3-7-61
Death occurred at 2 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M F Sewell (Degree or title) MD
22b. ADDRESS 1722 W 39 / Kansas City Mo
22c. DATE SIGNED 3-8-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: March 10, 1961
23c. NAME OF CEMETERY OR CREMATORY: North Cemetery
23d. LOCATION (City, town, or county) (State): Lincoln Missouri
24. FUNERAL DIRECTOR: Muehlebach ADDRESS: 6800 Troost
25. DATE RECD. BY LOCAL REG.: 3-8-61
26. REGISTRAR'S SIGNATURE: Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

M. F. Sewell MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

Dr W. T. Sewell
1723 W. 39th
VA 1-5863

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_____
Signature of Student Embalmer

Signed R. E. Nichols

Licensed Embalmer No. 4447

P. O. Address K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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