

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-018775

STATE FILE NUMBER

Registration District No. FILED JUN 15 1962 Primary Registration District No. _____ Registrar's No. 124

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0420

2 0420

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4 0

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Calhoun</u>		Length of stay in lb <u>20yrs</u>		c. CITY OR TOWN <u>Calhoun</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>in Calhoun</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>in Calhoun</u>		
3. NAME OF DECEASED (Type or print) First <u>Albert</u> Middle <u>P</u> Last <u>Funk</u>				4. DATE OF DEATH Month <u>May</u> Day <u>20</u> Year <u>1962</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3-20-1894</u>	
9. AGE (last birthday) <u>68</u>		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) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Pattis Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>				13a. FATHER'S NAME <u>Robert M Funk</u>		13b. MOTHER'S MAIDEN NAME <u>Sally E Parker</u>	
14. NAME OF HUSBAND OR WIFE <u>Golda Ann</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>486-36-2090</u>				17. INFORMANT Address <u>Herbert Funk Calhoun Mo</u>			
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) <u>Hypostatic Pneumonia</u>						<u>2 days</u>	
DUE TO (b) <u>Metastatic Adenocarcinoma to</u>						<u>6 months</u>	
DUE TO (c) <u>lung from colon</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Adenocarcinoma of Colon 8 months.</u>						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 <u>11/2/61</u> to <u>5/20/62</u> and last saw her alive on <u>5/20/62</u>				Death occurred at <u>8:20 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
21. SIGNATURE (Degree or title) <u>Richard H. King M.D.</u>				22b. ADDRESS <u>100 S. 3rd Clinton Mo</u>		22c. DATE SIGNED <u>5/22/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>5/23/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun cem</u>		23d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>	
24. FUNERAL DIRECTOR <u>Sickman-Dunning</u>				ADDRESS <u>Clinton Mo</u>		25. DATE RECD. BY LOCAL REG. <u>May 28, 1962</u>	
				26. REGISTRAR'S SIGNATURE <u>Hildred Bigum</u>			

AUG 30 1962

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 Robert L. Warring

Licensed Embalmer No. 4910

P. O. Address Clinton 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.

Permit Obtained 5/28/62
M.B.