

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13002**
Registrar's No. **103**

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 103			
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper					
b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage		c. LENGTH OF STAY (in this place) 1 hour		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		0493			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McCune-Brooks Hospital				d. STREET ADDRESS (If rural, give location) 403 River St.					
3. NAME OF DECEASED (Type or Print) SAMUEL			a. (First)		b. (Middle)		c. (Last) FUNKHOUSER		
4. DATE OF DEATH April 28, 1951		5. SEX male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH August 4, 1883	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours		IF UNDER 1 HR. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. janitor			10b. KIND OF BUSINESS OR INDUSTRY cleaning			11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Alma Scott Funkhouser			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Alma Funkhouser ADDRESS 403 River, Carthage					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Chronic nephritis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>						INTERVAL BETWEEN ONSET AND DEATH 2 days 3 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Apr 2, 1951 , to Apr 28, 1951 , that I last saw the deceased alive on Apr 27, 1951 , and that death occurred at 3:20p m., from the causes and on the date stated above.									
23a. SIGNATURE M. G. Whitten (Degree or title) MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 4-30-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE May 2, 1951		24c. NAME OF CEMETERY OR CREMATORY Parkway Cemetery		24d. LOCATION (City, town, or county) (State) Joplin, Mo			
DATE REC'D BY LOCAL REG. 5-1-51		REGISTRAR'S SIGNATURE L. B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary ADDRESS Carthage, Mo.					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 5-10-51
Casper County Health Office

County File Number 51/4/360
Date Filed 5-11-51

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 _____

Thomas C. Rookwood

Student Embalmer No. 383

working under my personal supervision.

Student Thomas C. Rookwood
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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