

FILED JUN 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19664

State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5246 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Musselfork</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Musselfork</u>	
c. LENGTH OF STAY (in this place) <u>18 yr</u>		d. STREET ADDRESS (If rural, give location) <u>7 mi North of Keetsville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 mi North of Keetsville</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Author</u> c. (Last) <u>Funston</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>8</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Jan 12, 1883</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Mins _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Greenwood, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Benjamin Franklin Funston</u>		13b. MOTHER'S MAIDEN NAME <u>Kline</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Frank Funston, Kees Summit, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>		ANTECEDENT CAUSES		<u>30 mins.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		<u>unk. know</u>	
DUE TO (b) <u>Ch. myocarditis</u>		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from June, 1946, to Sept, 1950, that I last saw the deceased alive on June 2, 1951, and that death occurred at 2:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl C. Negeu</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Keetsville, Mo.</u>		23c. DATE SIGNED <u>6/9/51</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>June 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Greenwood, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>6-9-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Langsford Funeral Home Kees Summit Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1 5 7 11 07

Date Received: JUN 1 1 1951
DISTRICT HEALTH OFFICE #2
District File Number 6-57-107
Date Filed: JUN 1 4 1951

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 _____

working under my personal supervision.

Student Embalmer No:

Signed.....
Student Embalmer

Signed William K. Tildes

Licensed Embalmer No. 4508

P. O. Address Salisbury

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.