

No. 300
10.48

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4375
State File No.

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY CLAY
b. CITY OR TOWN Smithville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Clinton
c. CITY OR TOWN Plattsburg 02.50
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
a. (First) Maudie b. (Middle) Peabody c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) Feb 12 1952

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Jan 5 1875 9. AGE (In years last birthday) 77 10. IF UNDER 1 YEAR 1 11. IF UNDER 24 HRS. 7

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper 10b. KIND OF BUSINESS OR INDUSTRY Homekeeper 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Funkhousa 13b. MOTHER'S MAIDEN NAME Laura Witherson 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) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Peabody North Kansas City, Mo

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Bronchopneumonia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture hip
INTERVAL BETWEEN ONSET AND DEATH 7 da
8 da

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Feb 3, 1952, to Feb 12, 1952, that I last saw the deceased alive on Feb 7, 1952, and that death occurred at 7 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Smithville 23c. DATE SIGNED 2/13/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 2-14-52 24c. NAME OF CEMETERY OR CREMATORY GREENLAWN 24d. LOCATION (City, town, or county) (State) Plattsburg MO.

DATE REC'D BY LOCAL REG. 2/14-52 REGISTRAR'S SIGNATURE Beulah Kitchens 63 FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. D. Lyon Plattsburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

240

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
Student Embalmer

Signed Danell R. Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

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.