

APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12897
1556

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

3
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3m 48	
c. LENGTH OF STAY (in this place) 34 years		d. STREET ADDRESS (If rural, give location) 2424 Brighton Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION 560 BOARD OF TRADE BLDG			

3. NAME OF DECEASED (Type or Print) Edward Hogue Funston	a. (First)	b. (Middle) Hogue	c. (Last) Funston	4. DATE OF DEATH (Month) (Day) (Year) April 3 1952
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC-4-1887	9. AGE (In years last birthday) 64	# UNDER 1 YEAR Months	# UNDER 12 HRS. Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHIEF POLICY WRITER	10b. KIND OF BUSINESS OR INDUSTRY INSURANCE COMPANIES	11. BIRTHPLACE (City and State or Foreign Country) LOLA, KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDWARD HOGUE FUNSTON	13b. MOTHER'S MAIDEN NAME LIDA MITCHELL	14. NAME OF HUSBAND OR WIFE MRS RUBY M. FUNSTON
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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. 486-03-5145	17. INFORMANT'S SIGNATURE OF NAME AND ADDRESS MRS. RUBY M. FUNSTON 2424 Brighton Ave KC Mo
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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) Cause of death unknown	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		795-5
*This does not mean the mode of dying, such as heart failure, aneurism, etc. It means the disease, injury, or complication which caused death.	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 Last Declined	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	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?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Pinedale Bldg	23c. DATE SIGNED 4-3-52
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE APR-5-1952	24c. NAME OF CEMETERY OR CREMATORY PEABODY CEMETERY	24d. LOCATION (City, town, or county) (State) PEABODY KANSAS
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DATE REC'D BY LOCAL REG. 4-5-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS DuNewcomer Sons 1335 Amundson Ave. KC Mo
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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 Robert E. Nelson

Licensed Embalmer No. 4849

P. O. Address R. E. Ma.

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.