

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **2096**

FILED JAN 12 1953

S. No. 300
v. 10-48

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

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5662</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWNEAST OF <u>LEWISTOWN, MO</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLONY, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEERY VIEW REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>052nd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AARON</u>			b. (Middle) <u>T.</u>		c. (Last) <u>FUNK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1953</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MONTA, KY, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF ODDEN: YEAR Months	IF ODDEN: HOUR Min.
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>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIS FUNK</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Henry Gardner Edina</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES (b) <u>Myocardial Infarction</u> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (c) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Jan 2, 1953</u> , to <u>Jan 4, 1953</u> , that I last saw the deceased alive on <u>Jan 2, 1953</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. L. Crook DO</u>				23b. ADDRESS <u>59 Belle MO</u>		23c. DATE SIGNED <u>Jan 4 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5 JAN 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MILK PORT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MILK PORT MO</u>	
DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Gimer</u>		ADDRESS <u>Edina, MO</u>	

(Licensed Embalmers' Statement on Reverse Side)

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 Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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 this body is not embalmed, fact should be so stated above.