

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2285

State File No. ....

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5930 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hughesville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hughesville</b>	
c. LENGTH OF STAY (In this place) <b>20 yrs</b>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Roxie</b> b. (Middle) <b>Viola</b> c. (Last) <b>Funk</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 27 1954</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>11-20-1876</b>		9. AGE (In years last birthday) <b>77</b>		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>LaMonte Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>William J. Robbitt</b>		13b. MOTHER'S MAIDEN NAME <b>Francis Lentz</b>		14. NAME OF HUSBAND OR WIFE <b>George Funk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Funk</b>	
				ADDRESS <b>Hughesville Mo.</b>	

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) <b>metastatic carcinoma (gastric)</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of pancreas</b> 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 <b>2 yrs.</b>  <b>2 yrs. plus</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <b>157 X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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 **JAN. 2**, 19**52**, to **JAN. 27**, 19**54**, that I last saw the deceased alive on **JAN. 25**, 19**54**, and that death occurred at **11:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. Saunders 2 D.O.</b>		23b. ADDRESS <b>Adelphia, Mo.</b>		23c. DATE SIGNED <b>1/27/54</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-29-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>County Line</b>	
				24d. LOCATION (City, town, or county) (State) <b>LaMonte Mo.</b>	

DATE REC'D BY LOCAL REG. <b>FEB 8 1954</b>		REGISTRAR'S SIGNATURE <b>Clyde A. Bridges</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul M. More</b>	
				ADDRESS <b>LaMonte Mo.</b>	

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

MS JAN 13 1960

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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

*Paul M. Moore*

Licensed Embalmer No. 3923

P. O. Address

*Le Mont, Md*

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.