

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

283885

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 84

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Rt. 1 Goodman</u>		c. CITY OR TOWN <u>Rt. 1 Goodman</u>	
c. LENGTH OF STAY (In this place) <u>37 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Rt. 1 Goodman</u>		STREET ADDRESS (If rural, give location) <u>Rt. 1 Goodman</u> <u>0720</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>A.</u> c. (Last) <u>Funk</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 25 1954</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 27, 1868</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>85 10 28</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brown Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John A. Wener</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>		14. NAME OF HUSBAND OR <del>WIFE</del> <u>J.W. Funk</u>	
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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) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.W. Funk Rt. 1 Goodman Mo.</u>	
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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>Cancer of Transverse and Descending Colon</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Neosho, Mo.</u>	
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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 2/27, 1954, to July 25, 1954, that I last saw the deceased alive on 7-24, 1954, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. Davis MD</u>		(Degree or title)		23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>7-27-54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-5-54</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clark-Bigham Neosho, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**RECEIVED**

NEWTON COUNTY HEALTH UNIT

District Health Officer No. \_\_\_\_\_

District File Number 852-166

Date Filed AUG 16 1954

NEOSHO, MISSOURI

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Jesse O. Sullivan, Jr.

Licensed Embalmer No. 4646

P. O. Address Neosho, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.