

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11329

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3017 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>CLAY 6002^D</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MICHIGAN</u> b. COUNTY <u>OCEANA 8210</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>EXCELSIOR SPRINGS</u>		c. CITY OR TOWN <u>HART</u>	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>8</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>EXCELSIOR INSTITUTE</u>		No. STREET ADDRESS (If rural, give location) <u>NONE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>V.</u> c. (Last) <u>FUNK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT. 8, 1884</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. MAJAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TAILORING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WHITEHALL MICHIGAN</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>GOTTLIB FUNK</u>	
13b. MOTHER'S MAIDEN NAME <u>SCHRAEDER</u>		14. NAME OF HUSBAND OR WIFE <u>SINA F. FUNK</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>YES, UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>SINA F. FUNK</u>		ADDRESS <u>HART, MICHIGAN</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 MIN.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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>APRIL 5, 1955</u> , to <u>APRIL 5, 1955</u> , that I last saw the deceased alive on <u>APRIL 5, 1955</u> , and that death occurred at <u>11 P. M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>S. F. Funk</u> (Degree or title) _____		23b. ADDRESS <u>Exc. Institute, Hospital</u>	
23c. DATE SIGNED <u>April 6, 1955</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	
24b. DATE <u>4-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HART CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>HART MICHIGAN</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/6/55</u>		REGISTRAR'S SIGNATURE <u>Caroline Vutchings</u>	

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

APR 29 1957

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 *Ludell Garrison*.....

Licensed Embalmer No. *458*
Excelsior Springs
P. O. Address

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.