

FILED FEB 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5828**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5930** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Rolla	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville		c. CITY OR TOWN Rolla	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 months		d. FULL NAME OF HOSPITAL OR INSTITUTION Hughesville, Mo.	
STREET ADDRESS (If rural, give location) 0812			
3. NAME OF DECEASED a. (First) Amanda b. (Middle) M. c. (Last) Funke		4. DATE OF DEATH (Month) (Day) (Year) Feb 16, 1956	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar 8, 1874
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Rolla Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Terrell Heflin		13b. MOTHER'S MAIDEN NAME Elizabeth Heflin	14. NAME OF HUSBAND OR WIFE Max Funke
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles E. Horn, Hughesville, Mo
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) Mesenteric Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 24 hrs		20 yrs	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5702		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) 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 Sept , 1955, to 2-16 , 1956, that I last saw the deceased alive on 2-16 , 1956, and that death occurred at 11:30 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Oliver L Lowe MD (Degree or title)		23b. ADDRESS Sedalia, Mo	23c. DATE SIGNED 2-18-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/19/56	24c. NAME OF CEMETERY OR CREMATORY Beaver Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
DATE REC'D BY LOCAL REG. 2-18-56	REGISTRAR'S SIGNATURE Alma Combs Deputy	25. FUNERAL DIRECTOR'S SIGNATURE Alvan Ewing	ADDRESS Sedalia, Mo.

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

5-11-5 1953

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 *P. E. Baker*.....

Licensed Embalmer No. *241*

P. O. Address *Sedalia*

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.