

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44356
STATE FILE NUMBER 5908

FILED JAN 8 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Franklin			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ottawa Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center		Length of stay in lb. 7 1/2 hrs.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Dewey Middle Funk Last		4. DATE OF DEATH Month December Day 12 Year 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 1, 1899		
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) tool & die maker		10b. KIND OF BUSINESS OR INDUSTRY Steel Mill	11. BIRTHPLACE (City and state or county) Dunlap, Mo.		
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Charles Funk			
13b. MOTHER'S MAIDEN NAME Sarah Jones		14. NAME OF HUSBAND OR WIFE Arina H.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO.		16. SOCIAL SECURITY NO. 511-09-2255			
17. INFORMANT Anna A. Funk Address Ottawa, Kans.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive subarachnoid and interventricular hemorrhage, left. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) involving middle cerebral artery, left DUE TO (c) secondary to hypertension, ess. years. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH 330X	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 11:40 p. Month 12 Day 12 Year 1957			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION Ottawa		COUNTY Kansas STATE			
21. I attended the deceased from 12-12-57 to 12-12-57 and last saw him alive on 12-12-57 Death occurred at 11:40 p. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) B. Marcus Heller, M.D.			
22b. ADDRESS 409 E. 63rd		22c. DATE SIGNED 12-13-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 12/13/57			
23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) Ottawa, Kansas			
24. FUNERAL DIRECTOR R. A. Fulton, Kansas City, Ks.		25. DATE RECD. BY LOCAL REG. 12-14-57			
26. REGISTRAR'S SIGNATURE Neva Marshall					

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
B. Marcus Heller



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 Ralph Fulton

Licensed Embalmer No. 3035

P. O. Address K.S.K.

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.