Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024368
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 109

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital — Length of stay in Ib: 26 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Will
c. CITY OR TOWN: Lockport 8/20 8 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Elizabeth Middle: Blanche Last: Funderburk
4. DATE OF DEATH: Month: June Day: 7 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH: Dec. 30, 1877
9. AGE (In years last birthday): 80 — 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: At Home
11. BIRTHPLACE (City and state or country): Moundville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: W. T. Phillips
14. MOTHER'S MAIDEN NAME: Susan Willin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Veta Funderburk Address: Lockport, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Paralytic ileus — 8 hrs.
DUE TO (c) Secondary to - Internal injuries of the chest, fracture of 4th & 5th cervical vertebral bodies, fracture
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
of rt. radius & 4th. finger, left. Temporal skull fracture all sustained May 12, 1958.

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Automobile collision - Nevada, Missouri 108
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: 7:50 A.M. - May 12, 1958
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.): Street Intersection
20f. CITY, TOWN, OR LOCATION: Nevada, COUNTY: Vernon STATE: Missouri

21. I attended the deceased from May 12, 1958, to June 7, 1958 and last saw her alive on June 7, 1958
Death occurred at Nevada, Mo. 3:10 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. B. Wray, M.D.
22b. ADDRESS: Moore Bldg., Nevada, Mo.
22c. DATE SIGNED: 6-9-1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/9/58
23c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
23d. LOCATION (City, town, or county) (State): Nevada, Missouri

24. FUNERAL DIRECTOR: Eichinger Funeral Home — ADDRESS: Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 6-11-1958
26. REGISTRAR'S SIGNATURE: Anna E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Percy F. Webster.....

Licensed Embalmer No. 480

P. O. Address Nevada,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.