

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036795

STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 518

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wadsworth</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Joplin</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Parsons</u>		8150 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hosp</u>			Length of stay in 1b	d. STREET ADDRESS <u>421 S. 18th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Aldo</u> Middle <u>FUNSTON</u> Last <u>FUNSTON</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>27</u> Year <u>1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 6, 1877</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Businessman (Milling Co)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>(Milling Co)</u>	11. BIRTHPLACE (City and state or country) <u>Kansas, Joplin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Edward H. Funston</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mitchell</u>		14. NAME OF HUSBAND OR WIFE <u>Nauda Funston</u>		
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>511-09-3382</u>	17. INFORMANT <u>Nauda Funston - Parsons, Ks</u> Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic glomerulo nephritis</u>						<u>2 years</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>						<u>10 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>							
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 <u>Parsons, Ks</u>		COUNTY <u>Joplin</u>	
				STATE <u>Ks</u>			
21. I attended the deceased from <u>10/23/58</u> to <u>10/27/58</u> and last saw her/him alive on <u>10/27/58</u> Death occurred at <u>4:35 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>A. E. Kelch</u>				22b. ADDRESS <u>521 West 4th., Joplin, Mo</u>		22c. DATE SIGNED <u>11/4/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Removed</u>	<u>Oct 27, 1958</u>	<u>Geneva Cemetery</u>		<u>Joplin Kansas</u>			
24. FUNERAL DIRECTOR <u>J. Larson Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>11-4-1958</u>	26. REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard Linton*

Licensed Embalmer No. *4770*
P. O. Address *Joplin 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.