

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040975  
STATE FILE NUMBER

DEC 1 1958 Registration District No. 274 Primary Registration District No. 2052 Registrar's No. 445

5. 300 0  
1-57

1. PLACE OF DEATH a. COUNTY <b>PETTIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>PETTIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SEDALIA</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>HUGHESVILLE</b> 0800 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION <b>WOODWARD HOSP</b>		Length of stay in 1b <b>5 DAYS</b>	d. STREET ADDRESS (If outside, give location) <b>R.T.D #12</b>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGE (NONE) FUNK</b>			4. DATE OF DEATH Month Day Year <b>11-27-1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>12-4-1877</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER.</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>HERSFELD GERMANY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>EDWARD FUNK</b>	13b. MOTHER'S MAIDEN NAME <b>ELIZABETH PRENTZEL</b>	14. NAME OF HUSBAND OR WIFE <b>VIOLA BOBBITT FUNK</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>499-42-8193</b>	17. INFORMANT <b>OLIVER FUNK</b>	Address <b>HUGHESVILLE MO</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial degeneration</b>		INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Septicemia</b>	<b>4 days</b>
	DUE TO (c) <b>infected insect bite</b>	<b>5 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Gastric re-implant - senility</b>		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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	COUNTY	STATE
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21. I attended the deceased from <b>12-29-51</b> to <b>11/27/58</b> and last saw her alive on <b>11-26-58</b> Death occurred at <b>4:52 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>J. Maenders A.O.</b>	22b. ADDRESS <b>Sedalia Mo.</b>	22c. DATE SIGNED <b>11/28/58</b>
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23a. BURIAL, CREMATION, or other disposal (Specify)	23b. DATE <b>11-28-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>COUNTY HINE</b>	23d. LOCATION (City, town, or county) <b>LAMONTE Mo</b>
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24. FUNERAL DIRECTOR <b>Paul M. Moore</b>	ADDRESS <b>Lamonte Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Nov 28-1958</b>	26. REGISTRAR'S SIGNATURE <b>Frances Shelby</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MS JAN 6 1960

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 *Paul M. Moore* .....

Licensed Embalmer No. *3923* .....  
P. O. Address *La Monte 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.