

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS OCT 5 1959**

**59-031443**  
 STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 467

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> Length of stay in 1b <u>7 Years</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>600 Lyons St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ANNA</u> Middle <u>BELL</u> Last <u>FUNK</u>			<b>4. DATE OF DEATH</b> Month <u>September</u> Day <u>30</u> Year <u>1959</u>		
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>1-9-1887</u>	<b>9. AGE</b> (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____ IF UNDER 24 HR
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>At Home</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>At Home</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Callaway Co., Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Enoch Perry Montjoy</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Anna E. Davidson</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Howard Funk</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT</b> Address <u>Mrs. J.C. Dietrich, Jefferson City, MO</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic Heart Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>with decomposition</u> DUE TO (c) <u>Chronic myocarditis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			
				INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>10 yrs</u> <u>2 yrs</u>	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from</b> <u>Sept 15 - 1959</u> <b>to</b> <u>Sept 30 - 1959</u> <b>and last saw her</b> <u>alive on</u> <u>Sept 30 - 1959</u> Death occurred at _____ <b>on</b> _____ <b>at</b> _____ <b>on</b> _____ <b>to the best of my knowledge, from the causes stated.</b>					
<b>22a. SIGNATURE</b> <u>Neil Dietrich</u> (Degree or title)		<b>22b. ADDRESS</b> <u>M.D. Prof Bldg. Callaway Mo</u>		<b>22c. DATE SIGNED</b> <u>Oct 2-59</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>10-3-1959</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Riverview Cemetery</u>	
<b>23d. LOCATION</b> (City, town, or county) <u>Jefferson City, Mo.</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Parker Funeral Service, Columbia, Mo.</u>			
<b>25. DATE RECD. BY LOCAL REG.</b> <u>Oct 2 1959</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Mrs R.E. Palmer</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS OCT 6 1959

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed George A. Kersey

Licensed Embalmer No. 4752

P. O. Address Columbia, S.C.

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