

FILED APR 11 1969

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH  
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124

69-012821

## CERTIFICATE OF DEATH

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 121

DECEASED—NAME FIRST MIDDLE LAST			SEX		DATE OF DEATH (MONTH, DAY, YEAR)		
1. <b>Charles Edward FUNK</b>			2. <b>male</b>		3. <b>April 6 1969</b>		
RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY))		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		
4. <b>white</b>		82	MOS.	HOURS	6. <b>Dec 13 1886</b>		
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
7. <b>Moberly</b>			7. <b>Community Hospital</b>				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. <b>Missouri</b>		9. <b>USA</b>		10. <b>Married</b>		11. <b>Margaret McMurry</b>	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. <b>703-01-1210A</b>		13. <b>Ret Conductor</b>		13. <b>Railroad</b>			
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14. <b>Missouri</b>		14b. <b>Randolph</b>		14c. <b>Moberly</b>		14d. <b>yes</b> 14e. <b>609 S. 4th</b>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. <b>Edward E. Funk</b>			16. <b>Emma Callison</b>				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17. <b>Margaret Funk</b>			17b. <b>609 S. 4th Moberly Mo. 65270</b>				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
18. IMMEDIATE CAUSE							
(a) <b>Medullary Failure</b>							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) <b>Cerebral Hemorrhage</b>					3 day		
DUE TO, OR AS A CONSEQUENCE OF:							
(c) <b>Arteriosclerotic Heart Disease</b>					year		
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO)	IF YES, WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
20. <b>Accident, Suicide, Homicide, or Undetermined (Specify):</b>					19a.	19b.	
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR		HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	
21. I ATTENDED THE DECEASED FROM April 2, 1969 TO April 6, 1969		21b. DECEASED FROM		21c. DECEASED FROM		21d. I DID/DID NOT VIEW THE BODY AFTER DEATH.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY JUDGMENT, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		22. HOUR OF DEATH		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR		22b. HOUR	
22a.		22c.		22d.		22e.	
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE		
23. <b>A. NOEL RAINS</b>			23b. <b>A. Noel Rains</b>		23c. <b>Dr.</b>		
MAILING ADDRESS—CERTIFIER			CITY OR TOWN		STATE		
23d. <b>214 N. Williams</b>			23e. <b>Moberly</b>		23f. <b>Mo.</b>		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION (CITY OR TOWN STATE)			
24. <b>burial</b>		24b. <b>Oakland Cemetery</b>		24c. <b>Moberly Missouri</b>			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. <b>Apr. 9 1969</b>		24e. <b>Million &amp; Greer Funeral Home 320 S. Williams Moberly Mo.</b>					
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25. <b>John S. Conant</b>			25b. <b>W. Paul White</b>		25c. <b>April 8-1969</b>		

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/68

9. 0  
10a. 82  
10b.  
11. 0  
12. 1  
13. 4123  
14.  
15. 9  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

4. 0887

5. 01

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0887

PARENTS

CAUSE

Type or print in PERMANENT BLACK INK. See handbook for instructions.

APR 25 1969

*Return*

*Permit Standard*

**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 Charles F. Tyb

Licensed Embalmer No. 4584

P. O. Address Mooreville, 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.