

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **2096**

FILED JAN 12 1953

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>5662</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EAST OF LEWISTOWN, MO</u>		c. LENGTH OF STAY (in this place) <u>1 1/2 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>COLONY, MISSOURI</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEERY VIEW REST HOME</u>				d. STREET ADDRESS (If rural, give location) <u>052nd</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AARON</u>			b. (Middle) <u>T.</u>		c. (Last) <u>FUNK</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 4 1953</u>
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>		8. DATE OF BIRTH <u>MONA, KY, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY U</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>WILLIS FUNK</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>NEVER MARRIED</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>John Henry Gardner Edina</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan 2, 1953</u> , to <u>Jan 4, 1953</u> , that I last saw the deceased alive on <u>Jan 2, 1953</u> , and that death occurred at <u>5:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. L. Crook DO</u>				23b. ADDRESS <u>59 Belle MO</u>		23c. DATE SIGNED <u>Jan 4 53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5 JAN 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MILK PORT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MILK PORT MO</u>	
DATE REC'D BY LOCAL REG. <u>1-5-53</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edimer</u>		ADDRESS <u>Edina, MO</u>	

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....  
Student Embalmer

Signed Mrs J. W. Hudson

Licensed Embalmer No. 2972

P. O. Address Edina 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 this body is not embalmed, fact should be so stated above.