

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4109 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville</u>	c. LENGTH OF STAY (In this place) <u>3 1/2 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Keytesville MO</u>	0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M.E. A. Stone</u>		d. STREET ADDRESS (If rural, give location) <u>406 Grand Ave</u>	0
3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>-</u> c. (Last) <u>RUNYON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9, 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 7 - 1870</u>
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Isador MO</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Louis Runyon</u>		13b. MOTHER'S MAIDEN NAME <u>Elsabeth Rasch</u>	14. NAME OF HUSBAND OR WIFE <u>Tertha (Freemeyer) Runyon</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs John Runyon Keytesville MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>4201</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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>2-9-49</u> , 19 <u>49</u> , to <u>2-9-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-9-49</u> , 19 <u>49</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph Earhart D.O.</u>		23b. ADDRESS <u>Keytesville MO</u>	
23c. DATE SIGNED <u>2-10-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial Runyon</u>		24b. DATE <u>Feb 11 - 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Isador</u>		24d. LOCATION (City, town, or county) (State) <u>Isador MO</u>	
DATE REC'D BY LOCAL REG. <u>2-10-49</u>		REGISTRAR'S SIGNATURE <u>W. H. Kowrin</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Kowrin</u>		ADDRESS <u>Keytesville</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

21
0
0

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-18-49

FEB 24 1949

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.

Signed W. D. Garnett

Signed _____
Student Embalmer

Licensed Embalmer No. 3046

P. O. Address Kayteswell 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.