

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22518

State File No.

FILED JUL 28 1949

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4043 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Bellinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bellinger</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Marble Hill</u>		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Marble Hill</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Ruane Sup</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>IDA</u>	b. (Middle) <u>F.</u>	c. (Last) <u>RUNNELS</u>	(Month) <u>June</u>	(Day) <u>26</u>	(Year) <u>1949</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-17, 1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 11 HRS. Days <u>9</u>	Hours <u>9</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bellinger Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Jack Allen</u>	13b. MOTHER'S MAIDEN NAME <u>Emeline Schrum</u>	14. NAME OF HUSBAND OR WIFE <u>William Runnels</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Herman Runnels, Patesville</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> <u>Atherosclerosis</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I, hereby certify that I attended the deceased from 6/1, 1949 to 6/26, 1949 that I last saw the deceased alive on 6/26, 1949 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. Faupel, M.D.</u>	23b. ADDRESS <u>Patesville, Mo.</u>	23c. DATE SIGNED <u>7, 1949</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>June 28, 1949</u>	24c. NAME OF CEMETERY OR BREMATORY <u>Benevolence</u>	24d. LOCATION (City, town, or county) (State) <u>Near Patesville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>July 21, 1949</u>	REGISTRAR'S SIGNATURE <u>Willie VanAmburg</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Clayton S. Morgan, Patesville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

900

331X

1010

RECEIVED 7-26-49

Health Officer No. 4

File Number 249-993

Date Filed

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

William H. Morgan

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

William H. Morgan

Licensed Embalmer No.

P. O. Address

*Ft. Do
Adrian, 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.