

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19940**

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4711** Registrar's No. **30**

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Pike | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Pike | |
| b. CITY (If outside corporate limits, write RURAL and give town) Bowling Green | | c. CITY (If outside corporate limits, write RURAL and give township) Bowling Green | |
| c. LENGTH OF STAY (In this place) 1 yr. | | d. STREET ADDRESS (If rural, give location) 1420 Centennial St. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1420 Centennial St. | | | |

| | | | | | |
|--|-------------|-------------------------|---------------------|----------------|--------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Louis | b. (Middle) | c. (Last) Runser | (Month) July | (Day) 3 | (Year) 1954 |

| | | | | | | |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--------------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 12, 1865 | 9. AGE (In years less birthday) 88 | IF UNDER 1 YEAR Months 7 Days 21 | IF UNDER 24 HRS. Hours 2 Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|--|--------------------------------------|

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Melhausen, Germany | 12. CITIZEN OF WHAT COUNTRY? U.S. |
|---|--|---|--|

| | | |
|-----------------------------------|--|--|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Mary Runser |
|-----------------------------------|--|--|

| | | | |
|---|-------------------------------------|--|-----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Eugene Runser | ADDRESS Bowling Green, Mo. |
|---|-------------------------------------|--|-----------------------------------|

| | | | |
|---|---|--|---|
| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis | | INTERVAL BETWEEN ONSET AND DEATH Several yrs. |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 | 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 **7-3**, 19**54**, to **7-3**, 19**54**, that I last saw the deceased alive on **7-3**, 19**54**, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|---------------------------------------|--------------------------------|
| 23a. SIGNATURE J.M. Mathews (Degree or title) | 23b. ADDRESS Bowling Green Mo. | 23c. DATE SIGNED 7-9-54 |
|--|---------------------------------------|--------------------------------|

| | | | |
|---|----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE July 6 54 | 24c. NAME OF CEMETERY OR CREMATORY Calvary | 24d. LOCATION (City, town, or county) Quincy Ill. (State) |
|---|----------------------------|---|--|

| | | | |
|--|--|---|-----------------------------------|
| DATE REC'D BY LOCAL REG. 7-9-54 | REGISTRAR'S SIGNATURE Bill Robinson | 25. FUNERAL DIRECTOR'S SIGNATURE J.A. Mudd | ADDRESS Bowling Green, Mo. |
|--|--|---|-----------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0820

0820

4500

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James C. Merrill

Licensed Embalmer No. 4152

P. O. Address Bowling Green, Ohio

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.