

FILED NOV 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36388**

BIRTH NO.		REG. DIST. NO. 2	PRIMARY REG. DIST. NO. 4889	Registrar's No. 61
1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Idaho b. COUNTY Twin Falls		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Savannah, Mo	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY OR TOWN Buhl 81198	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nichols Sanatorium		f. STREET ADDRESS (If rural, give location) 3 Miles West 1/2 North		
3. NAME OF DECEASED a. (First) Mary b. (Middle) Francis c. (Last) Runfelt		4. DATE OF DEATH (Month) (Day) (Year) 11-6-54		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH	
9. AGE (In years Last birthday) 83		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Fulton Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Shirley		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Clifford M. Runfelt		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clifford M. Runfelt, Buhl, Idaho
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND 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) (Min)		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 Oct. 20, 1954 , to Nov 6, 1954 , that I last saw the deceased alive on Nov 6, 1954 , and that death occurred at 4:30 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) R. F. Sutter		23b. ADDRESS d.d. Savannah - Mo.		23c. DATE SIGNED Nov 6 54
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 11-7-54		24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) (State) Buhl Idaho		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm A. Rich, Savannah, Mo.		
DATE REC'D BY LOCAL REG. 11-7-54		REGISTRAR'S SIGNATURE L. Sparks 2-0		

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.....
Signature of Student Embalmer

Signed *Wm A. Rich*.....

Licensed Embalmer No. *477*

P. O. Address *S. 242nd*

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.