No. 300
10.48

FILED SEP 22 1955

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

State File No. 30182

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 279

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

**1. PLACE OF DEATH**
a. COUNTY: Marion County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal, Mo.
c. LENGTH OF STAY (In this place): 10 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth Hoppt.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Shelby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelbina, Mo.
d. STREET ADDRESS (If rural, give location): X

10-20 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): IRENE b. (Middle): MARIE c. (Last): RUNYON

**4. DATE OF DEATH** (Month) (Day) (Year): 9-8-1955

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: 8-8-1904
**9. AGE** (In years last birthday): 51 — If under 1 year: Months 1 Days 0 — If under 24 hrs.: Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): House-hold
**10b. KIND OF BUSINESS OR INDUSTRY**: Same
**11. BIRTHPLACE** (State or foreign country): Shelby Comnty, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Julius Steinbach
**13b. MOTHER'S MAIDEN NAME**: Ricka Keller
**14. NAME OF HUSBAND OR WIFE**: Tom Runyon

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): X
**16. SOCIAL SECURITY NO.**: 494-22-6811
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Tom Runyon, Shelbina, 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease - Decompensated 10 yrs
DUE TO (c) 4 200

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Left hemiplegia

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 1/30, 1954, *to* 9-8, 1955, *that I last saw the deceased alive on* 9-8-55, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Dr. Hoerchler MD
**23b. ADDRESS**: Shelbina, Mo
**23c. DATE SIGNED**: 9-12-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 9-10-1955
**24c. NAME OF CEMETERY OR CREMATORY**: Shelbina, Cemty.
**24d. LOCATION** (City, town, or county) (State): Shelbina, Mo.

**DATE REC'D BY LOCAL REG.**: 9-15-55
**REGISTRAR'S SIGNATURE**: Dr. E. M. Lucke By W. C. Fisher 189-5
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Barkelew & Hawkins, Shelbina, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 21 1955
MARION CO. HEALTH DEPT.
DATE FILED SEP 21 1955

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 C W Hawkins
Licensed Embalmer No. 3498
P. O. Address Shelburne Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.