

FILED AUG 29 1956

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 369

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u> | | c. CITY OR TOWN <u>Independence</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sanitarium</u> | | Length of stay in 1b <u>11 hrs</u> | |
| | | d. STREET ADDRESS (If outside, give location) <u>1134 S. Dodgion</u> | |

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|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print) <u>William H. Runkles</u> | | | 4. DATE OF DEATH <u>Aug. 19, 1956</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Apr. 24, 1893</u> | | 9. AGE (In years last birthday) <u>63</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool mechanic</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tool supply co.</u> | 11. BIRTHPLACE (City and state or country) <u>Spaulding, Ills.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13. FATHER'S NAME <u>Joseph Runkles</u> | | | 14. MOTHER'S MAIDEN NAME <u>Sarah Evans</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> <u>none</u> | | 16. SOCIAL SECURITY NO. <u>490 09 1975</u> | 17. INFORMANT <u>Mrs. Laura E. Runkles, Independence, Mo.</u> | | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>myocardial infarction</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Coronary thrombosis</u> | |
| | DUE TO (c) <u>arteriosclerotic heart disease</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>H200</u> | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |

| | | |
|---|--|------------------------------------|
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>10:45P</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 21a. SIGNATURE <u>W.C. Taylor</u> (Degree or title) | 21b. ADDRESS <u>6617 Pradett St</u> | 21c. DATE SIGNED <u>8-20-56</u> |

| | | | |
|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>8/20/56</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>no record</u> | 23d. LOCATION (City, town, or county) (State) <u>Springfield, Ills.</u> |
| 24. FUNERAL DIRECTOR <u>H. C. Carson</u> Independence, Mo. | | 25. DATE RECD. BY LOCAL REG. <u>8-20-56</u> | 26. REGISTRAR'S SIGNATURE <u>James K. Kelly</u> |

(Licensed Embalmer's Statement on Reverse Side)

300
1-56

health, Welfare
public
service

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *H. D. Gibson*

Licensed Embalmer No... 48

P. O. Address *Indep., Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.