

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38566**

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5620 Registrar's No. 73

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>4 1/2 Mi. N. E. of Edina</u>)		c. LENGTH OF STAY (In this place) <u>4 yrs</u>	c. CITY OR TOWN <u>Edina</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Res. of Mrs. Sylvia Armer</u>		f. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nannie</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Runquist</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 1 1956</u>
-------------------------------------	--------------------------	------------------------------	---------------------------	---

5. SEX <u>F</u>	6. COLOR OR RACE <u>M</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Apr 6, 1871</u>	9. AGE (In years last birthday) <u>85</u>	# UNDER 1 YEAR Months	# UNDER 1 HR. Hours	# UNDER 15 MINS. Mins.
-----------------	---------------------------	---	-------------------------------------	---	-----------------------	---------------------	------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bath County, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	--	---	---

13a. FATHER'S NAME <u>James Woodward</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Vice</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Harry Runquist</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sylvia Armer</u>	ADDRESS <u>Edina, Mo</u>
---	---	--	--------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Anoxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Heart Failure</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>420.0</u>			

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) 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 11/26, 1956, to 12/1, 1956, that I last saw the deceased alive on 11/26, 1956, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. O. Kussville</u>	23b. ADDRESS <u>Mo</u>	23c. DATE SIGNED <u>12-4-56</u>
---	------------------------	---------------------------------

24a. BURIAL CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4 Dec 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Belle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>La Belle, Mo</u>
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Dec. 6-56</u>	REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>ASB Jimer</u>	ADDRESS <u>Edina, Mo</u>
---	--	---	--------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

51

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 *Mrs J. W. Henderson*.....

Licensed Embalmer No. *297*.....

P. O. Address *Edina*.....

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.