FILED JAN 23 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4144
STATE FILE NUMBER

Registration District No. 387 Primary Registration District No. 4499 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbina — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ------- — Length of stay in 1b 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Shelby
c. CITY OR TOWN Shelbina — Inside Limits Yes X No ☐
d. STREET ADDRESS ----- (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First: Mary Middle: Elizabeth Last: Runyon
4. DATE OF DEATH Month 1 Day 4 Year 58
5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH July 17, 1881
9. AGE (In years last birthday) 76-5-17 — 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) House wife
10b. KIND OF BUSINESS OR INDUSTRY ------
11. BIRTHPLACE (City and state or country) Shelby Co, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Samuel Baer
14. MOTHER'S MAIDEN NAME Rebecca Goodin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. -----
17. INFORMANT Maurine Beckett - Shelbina, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of lung — INTERVAL BETWEEN ONSET AND DEATH 7 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 163X
19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 1956 to present and last saw her alive on Jan 4, 1958
Death occurred at 4:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Chas A. Luckey MD. (Degree or title)
22b. ADDRESS Shelbina, Mo
22c. DATE SIGNED 1/15/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-6-1958
23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
23d. LOCATION (City, town, or county) (State) Shelbyville, Mo.
24. FUNERAL DIRECTOR Barkelew & Davis ADDRESS - Shelbina, Mo.
25. DATE RECD. BY LOCAL REG. 1-15-58
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by John T. Byrd; Student Embalmer No. 5

working under my personal supervision.

Student John T. Byrd
Signature of Student Embalmer

Signed James R. Davis

Licensed Embalmer No. 44

P. O. Address Shelbi

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.