

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4165  
4165

58-028660  
STATE FILE NUMBER

FILED SEP 5 1958

Registration District No. 98 Primary Registration District No. 4165 Registrar's No. 77

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Daviess</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gallatin</b>		c. CITY OR TOWN <b>Gallatin</b> 0310	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jaunitas Rest Home</b>		d. STREET ADDRESS (If outside, give location) <b>---</b>	
Length of stay in 1b <b>Life</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>Jones</b> Last <b>Runnels</b>			4. DATE OF DEATH Month <b>August</b> Day <b>28</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 28 1868</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Labor</b>	11. BIRTHPLACE (City and state or country) <b>Daviess Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George W. Runnels</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jones</b>		14. NAME OF HUSBAND OR WIFE <b>Susie Runnels (Dec'd)</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>George Runnels, Gallatin, Mo.</b>
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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) <b>Hypostatic pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
DUE TO (b) <b>Cardiac Enlargement, Mitral leak</b>		
DUE TO (c) <b>Edema of lungs &amp; chest</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bed Sores, Prostate Disease, 410X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <b>6:45 P.</b> Month <b>June</b> Day <b>58</b> Year <b>1958</b>	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 <b>Gallatin Mo</b>

21. I attended the deceased from <b>June 58</b> to <b>Aug 28</b> and last saw her/him alive on <b>Aug 28</b> Death occurred at <b>6:45 P.</b> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>H. W. Bailey</b>	22b. ADDRESS <b>Gallatin Mo</b>	22c. DATE SIGNED <b>8/30/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-30-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lile Cemetery</b>	23d. LOCATION (City, town, or county) <b>Gallatin, Missouri</b>
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24. FUNERAL DIRECTOR <b>Hope Funeral Home, Gallatin, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>3rd Sept 1958</b>	26. REGISTRAR'S SIGNATURE <b>Virginia M Engelhart</b>
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All diseases in Part I must be causally related.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 MEDICAL CERTIFICATION  
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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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 *[Signature]* .....

Licensed Embalmer No. *3302* .....

P. O. Address *Gallatin, MT* .....

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.