

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-001233

FILED VS JAN 25 1960

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany		Length of stay in lb 17 days	c. CITY OR TOWN Blue Ridge Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Noll Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) John Sinclair Runyan			4. DATE OF DEATH Month January Day 13 Year 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9-10-1875	9. AGE (last birthday) 84	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (City and state or country) Iowa		12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Heckter Sinclair Runyan		13b. MOTHER'S MAIDEN NAME Eberline Oswalt		14. NAME OF HUSBAND OR WIFE Dorothy May Runyan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-40-8825		17. INFORMANT Address Walter Runyan, Cainsville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ <i>Uremia (992)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 months</i>
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)		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		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 7-10-1959 to Jan 3, 1960 and last saw her alive on Jan 13, 1960
Death occurred at 2:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Merriam Seashel</i> M. D.		22b. ADDRESS Bethany, Missouri.		22c. DATE SIGNED 1-15-60
23a. BURIAL, CREMATION, REBURYAL (Specify) Burial	23b. DATE Jan. 16, 1960	23c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery	23d. LOCATION (City, town, or county) (State) RFD Cainsville, Mo.	
24. GENERAL DIRECTOR ADDRESS <i>Walter Runyan</i> Cainsville, Mo.		25. DATE RECD. BY LOCAL REG. 1-18-1960	26. REGISTRAR'S SIGNATURE <i>Gella Maxey</i>	

DOCUMENT

MEDICAL CERTIFICATION

AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

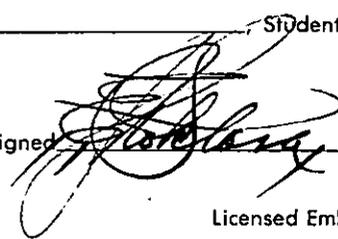
dt/v Eddie J. Stoklasa

Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3602

P. O. Address Cainsville, M

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.