

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018665

FILED VS JUN 2 1960

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Primary Registration District No. 4097

Registrar's No. 98

STATE FILE NUMBER

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| 1. PLACE OF DEATH a. COUNTY <u>Cass</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Harrisonville</u> | | Length of stay in 1b <u>89 yr.</u> | c. CITY OR TOWN <u>Harrisonville</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1304 Pine St</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1304 Pine St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANK E. RUNNENBURGER</u> | | | 4. DATE OF DEATH Month Day Year <u>May 22 1960</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>July 11 1870</u> | 9. AGE (last birthday) <u>89</u> | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |

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| 10a. USUAL OCCUPATION (Give kind of work done if no occupation of working life, even if retired) <u>Merchant</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Funerals & Funeral</u> | 11. BIRTHPLACE (City and state or country) <u>Harrisonville Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>F. X. Runnenburger</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ann Kelly</u> | 14. NAME OF HUSBAND OR WIFE <u>Labra Runnenburger</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>488-38-5020</u> | 17. INFORMANT <u>Ernest Runnenburger</u> Address <u>Harrisonville 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: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) | <u>Cerebral Hemorrhage</u> | <u>3 DAYS</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u>Cerebral Arteriosclerosis</u> | <u>10 YRS.</u> |
| | DUE TO (c) | |

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| 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 |
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| 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 Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 1947 to 1960 and last saw ^{her}him alive on 5/20/60
Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 21. SIGNATURE <u>O. B. Bargen M.D.</u> (Degree or title) | 22. ADDRESS <u>Harrisonville Mo</u> | 22c. DATE SIGNED <u>May 23 1960</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 24 1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u> | 23d. LOCATION (City, town, or county) (Street) <u>Harrisonville Mo</u> |
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| 24. FUNERAL DIRECTOR <u>Runnenburger</u> | ADDRESS <u>Harrisonville Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>May 23 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Mrs. Kay Sebee</u> |
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DOCUMENT

MEDICAL CERTIFICATION

BY 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ernest Pennington

Licensed Embalmer No. 3368
P. O. Address Harrisonville

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.