

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED SEP 25 1961

-61-031835

STATE FILE NUMBER

AMENDED

Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 20

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cole Camp</u>		Length of stay in 1b	c. CITY OR TOWN <u>Cole Camp</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		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) First Middle Last <u>Anna Margaret Runsick</u>			4. DATE OF DEATH Month Day Year <u>Sept. 15 1961</u>		
5. SEX <u>Female</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>11-12-1868</u>	9. AGE (last birthday) <u>72</u>	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) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Cole Camp Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Pete Toth</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Brockman</u>		14. NAME OF HUSBAND OR WIFE <u>Chris H. Runsick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. Augusta Winklemeyer Cole Camp Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>hrs</u>
DUE TO (b) <u>Pulmonary Edema</u>					<u>hrs</u>
DUE TO (c) <u>Cerebral Ischemia</u>					<u>Mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Artherosclerosis, Nephritis</u>					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"/>	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 <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 <u>1960 - Aug</u> , to <u>Sept. 15th</u> and last saw her <u>live on</u> <u>Sept. 15th</u> Death occurred at <u>1: AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Arthur Gonzalez</u>			22b. ADDRESS <u>Cole Camp Mo</u>		22c. DATE SIGNED <u>9-18-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 18, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cole Camp Memorial Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Cole Camp Mo.</u>	
24. FUNERAL DIRECTOR <u>F. L. Eickhoff</u>		ADDRESS <u>Cole Camp Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 18, 1961</u>	26. REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>

OCT 10 1961

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 E. L. Eckhoff

Licensed Embalmer No. 780

P. O. Address Cole Camp Pa

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.