

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-003302

STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 17

FILED JAN 24 1962

DATE AMENDED
2/16/62
2/16/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF
Mural thrombosis of right heart
Coronary artery disease with myocardial failure

DOCUMENT

SHOULD READ
Mural thrombosis of right heart
Coronary artery disease with myocardial failure

BY AFFIDAVIT OF attending physician

ITEM NO.
18b
18c

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Length of stay in 1b	c. CITY OR TOWN St. Charles
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #12 Briarwood
3. NAME OF DECEASED (Type or print) First Lillian Middle K. Runge Last		4. DATE OF DEATH Month Jan. Day 12 Year 1962	
5. SEX F.	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-09-93
9. AGE (last birthday) 68		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) Nurse		10b. KIND OF BUSINESS OR INDUSTRY Nursing	11. BIRTHPLACE (City and state or country) Graysville, Ohio
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Levi Knowlton	
13b. MOTHER'S MAIDEN NAME Sarah Hickinbotham		14. NAME OF HUSBAND OR WIFE Erwin Runge (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Don Garwood Address 12 Briarwood St. Charles, Mo
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Mural Thrombosis of right heart DUE TO (c) Coronary artery disease with myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Thrombosis Bronchopneumonia Pyelonephritis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 _____ 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 1959 to January 12, 1962 and last saw her alive on January 12, 1962 Death occurred at 8:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Dr. J. Randall, M.D.	
22b. ADDRESS 220 S. 6th St. Charles, Mo.		22c. DATE SIGNED Jan. 13, 1962	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 15 Jan. 62	23c. NAME OF CEMETERY OR CREMATORY Oak Grove	23d. LOCATION (City, town, or county) St. Charles Mo.
24. FUNERAL DIRECTOR Prinster - Baue F.H. St. Charles Mo.	25. DATE RECD. BY LOCAL REG. Jan. 14-62	26. REGISTRAR'S SIGNATURE Mareeela Wilson	

JAN 25 1962

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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, Mo

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.