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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32785

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 406L Registrar's No. 53

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Braymer	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print) Clara Frances Runyan			4. DATE OF DEATH (Month) (Day) (Year) 19 - 1 - 50.		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH Oct, 10, 1893	9. AGE (In years last birthday) 56	10. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Stet, Missouri	

13a. FATHER'S NAME George Edan		13b. MOTHER'S MAIDEN NAME Jennie Armentrout		14. NAME OF HUSBAND OR WIFE Robert Runyan	
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. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS George Edan Braymer, Missouri	

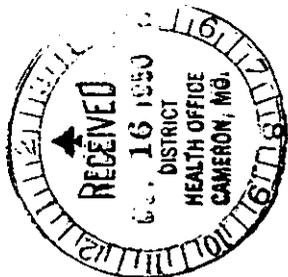
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 7 hours
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Generalized Atherosclerosis many years		
	DUE TO (c) Diabetes Mellitus many years		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1947 to Oct. 4, 1950, that I last saw the deceased alive on Oct. 1, 1950, and that death occurred at 8:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE Dr. Fredrick M. Jones MD		23b. ADDRESS Braymer, Mo		23c. DATE SIGNED 10-1-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-3-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Oliver Cem	
24d. LOCATION (City, town, or county) (State)		24e. NORBORNE, MISSOURI			
DATE REC'D BY LOCAL REG. 10-7-50		REGISTRAR'S SIGNATURE Mrs. Nell B Jones		25. FEDERAL DIRECTOR'S SIGNATURE Bernard J. Neal	
				ADDRESS Braymer, Mo	

(Licensed Embalmer's Statement on Reverse Side)



NOV 16 1950

**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 .....

Student Embalmer

Signed

*Renaud J. Mead*

Licensed Embalmer No. 2801

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.