S. No. 300
v. 10.48

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4302

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 23

0310

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

1. PLACE OF DEATH
a. COUNTY Daviess
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gallatin
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ---

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Daviess
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gallatin 0310
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print)
a. (First) Samuel b. (Middle) Preston c. (Last) Runnels

4. DATE OF DEATH (Month) (Day) (Year) Feby. 25 1951

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 25 1883
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 8 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Buildings
11. BIRTHPLACE (State or foreign country) Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Runnels
13b. MOTHER'S MAIDEN NAME Sarah Harriett Jones
14. NAME OF HUSBAND OR WIFE Amlyr Runnels

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amlyr Runnels, Gallatin, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Metastatic — point of origin unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

1998

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1950, *to* Feb 25 1951, *that I last saw the deceased alive on* Feb 24 1951, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward Denison M D
23b. ADDRESS Gallatin Mo
23c. DATE SIGNED Mar 1, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-27-1951
24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery
24d. LOCATION (City, town, or county) (State) Gallatin, Mo.

DATE REC'D BY LOCAL REG. 7 March 1951
REGISTRAR'S SIGNATURE Virginia M. Engelhart
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 8 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 L. Richardson

Licensed Embalmer No. 3307

P. O. Address Gallatin, 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.