

FILED MAR 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8786

BIRTH NO. 15439-51 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1115

| | | | |
|--|---------------------------|---|-----------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1 | | d. STREET ADDRESS 2441 Troost | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jeanie | | b. (Middle) Lee | |
| c. (Last) Runyon | | 4. DATE OF DEATH (Month) (Day) (Year) 1 13 51 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH 1-13-51 |
| 9. AGE (In years last birthday) | | 10. MONTHS | 11. DAYS |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) Kansas City, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. | |
| 13a. FATHER'S NAME Robert G. Runyon | | 13b. MOTHER'S MAIDEN NAME Charlene Grigsby | |
| 14. NAME OF HUSBAND OR WIFE none | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Charlene Runyon | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | 19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21. INTERVAL BETWEEN ONSET AND DEATH 776h | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan. 13, 1951, to Jan. 13, 1951, that I last saw the deceased alive on Jan. 13, 1951, and that death occurred at 2:30P. m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE B. I. Burns (Degree or title) | | 23b. ADDRESS 24th & Cherry | |
| 23c. DATE SIGNED 3-9-51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) | |
| 24b. DATE 3-12-51 | | 24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Leeds MO Jackson MO | | 25. FUNERAL DIRECTOR'S SIGNATURE S. Holmea | |
| DATE REC'D BY LOCAL REG. 3-14-51 | | 25. FUNERAL DIRECTOR'S ADDRESS 17C MO | |

(Licensed Embalmer's Statement on Reverse Side)

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

In Sticker

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.....

Not Embalmed

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

Wm A. Schuyler

Licensed Embalmer No.

3089

P. O. Address.....

15 E. 7th

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.