

FILED JUL 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 25927

BIRTH NO. REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 4517 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>TANEY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson mo 16.40</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Branson 1060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>P.O.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Forest</u> b. (Middle) <u>Owen</u> c. (Last) <u>Runyon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>4</u> <u>-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 3 1900</u>	9. AGE (In years last birthday) <u>50</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News paper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>News paper work</u>		11. BIRTHPLACE (State or foreign country) <u>Bellville Kansas</u>	
13a. FATHER'S NAME <u>Walter Runyon</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Runyon</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Runyon</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.F.</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Evelyn Runyon</u>		ADDRESS <u>Branson mo</u>
---	-------------------------	---	--	------------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u>		
	DUE TO (c) <u>was found dead</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>name</u>	20. 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) <u>4201</u>
21d. TIME OF INJURY (Month) (Day) (Year), (Hour)	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 July 5, 1951, to July 5, 1951, that I last saw the deceased alive on July 5, 1951, and that death occurred at 6A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry Fayth</u>	(Degree or title) <u>3 Coroner</u>	23b. ADDRESS <u>Branson mo</u>	23c. DATE SIGNED <u>7-5-51</u>
--------------------------------------	------------------------------------	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-7-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairbury</u>	24d. LOCATION (City, town, or county) (State) <u>Fairbury Nebraska</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>7-18-51</u>	REGISTRAR'S SIGNATURE <u>J E Cogswell 376</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W O Whitchel</u>	ADDRESS <u>Branson mo</u>
--	--	---	------------------------------

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

60
1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

SEP 22 1951

RECEIVED JUL 8 9 1951

Dist. File 22-1391

Date Filed 7-26-51

SEP 13 1951

JAN 6 1958

Aug 1

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.....

working under my personal supervision.

Student Embalmer No.....

Signed *Minnie L. Wheelchel*

Signed.....
Student Embalmer

Licensed Embalmer No. *2785*

P. O. Address *Brouson 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.