

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26018

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6276 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <i>North</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>North Mo</i> b. COUNTY <i>North</i>	
b. CITY OR TOWN <i>Rural - Union</i>		c. CITY OR TOWN <i>Rural - Union Township</i>	
c. LENGTH OF STAY (in this place) <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>Grant city 1130</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Grant city</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>EDWARD</i> b. (Middle) <i>RUNYON</i> c. (Last) <i>RUNYON</i>		4. DATE OF DEATH (Month) <i>7</i> (Day) <i>3</i> (Year) <i>1951</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>Sept. 15, 1879</i>
9. AGE (In years last birthday) <i>71</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>18</i>	IF UNDER 1 WKS. Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General farming</i>	11. BIRTHPLACE (State or foreign country) <i>Shepherd Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13a. FATHER'S NAME <i>Lewis R. Runyon</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Roach</i>	14. NAME OF HUSBAND OR WIFE <i></i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <i></i>	17. INFORMANT'S SIGNATURE OR NAME <i>Harry Lewis</i> ADDRESS <i>Grant city, Mo.</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>Organic Heart Disease</i> <i>Arteriosclerosis</i> <i>Hepatic Pneumonia</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Organic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 months</i>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i>		<i>3 years</i>	
DUE TO (c) <i>Hepatic Pneumonia</i>		<i>a few days</i>	
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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>no</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Grant city Mo.</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July-3-1951</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i></i>	
22. I hereby certify that I attended the deceased from <i>Feb 5</i> , 1951, to <i>July 2</i> , 1951, that I last saw the deceased alive on <i>July 2</i> , 1951, and that death occurred at <i>9:30 P. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>E. P. Nettleton M.D.</i>		23b. ADDRESS <i>Shelburne Mo.</i>	23c. DATE SIGNED <i>7-6-51</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7-5-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Maple Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Grant city Mo.</i>
DATE REC'D BY LOCAL REG. <i>July 8-1951</i>	REGISTRAR'S SIGNATURE <i>Reta E. Dawson</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Arch C. Dimpfel</i>	ADDRESS <i>Grant city, Mo.</i>

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

1130



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.....

Licensed Embalmer No. 3252

P. O. Address Hunt City, 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.