

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30

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

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 374 PRIMARY REG. DIST. NO. 6294 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Worth</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Worth County</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>parnell</u> <u>Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>parnell</u> <u>Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5miles S. E.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs.</u> b. (Middle) <u>Matilda</u> c. (Last) <u>Elizabeth Runde</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2/20/1900</u>		9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Oklahoma, Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>

13a. FATHER'S NAME <u>Mr. Joe Ginther</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Walter</u>		14. NAME OF HUSBAND OR WIFE <u>John Runde</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. John Runde Parneel, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arteriosclerosis</u>				
		II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple Sclerosis</u>			<u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4222</u>	

22. I hereby certify that I attended the deceased from 1942, 1952, to Feb 3, 1952, that I last saw the deceased alive on Feb 1, 1952, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. D. McElligan</u>		23b. ADDRESS <u>Stauberry Mo.</u>		23c. DATE SIGNED <u>2-4-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/6/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Columba</u>		24d. LOCATION (City, town, or county) (State) <u>Conception, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>February 5, 1952</u>		REGISTRAR'S SIGNATURE <u>Letta E. Dawson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Patricia H. Phillips, Stauberry</u>	
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MASS. REG. 1958

JAN 10 9 1958

R. J. Melby

REC'D 1958

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 _____

Gatory H. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoughton, MA

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.