

FILED MAY 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11551

BIRTH NO.		REG. DIST. NO. 74	PRIMARY REG. DIST. NO. 5295	Registrar's No. 19
1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give town or township) Concord Township		c. CITY (If outside corporate limits, write RURAL and give township) Gower		
c. LENGTH OF STAY (in this place) 6 Mo.		d. STREET ADDRESS (If rural, give location) 0250		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lewis Rest Home				
3. NAME OF DECEASED (Type or Print) Rachel		a. (First) F.		b. (Middle) Runyon
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 29 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 28 / 1860	
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house wife	11. BIRTHPLACE (State or foreign country) Gentry Co. Mo.	12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME John S. Runyon		13b. MOTHER'S MAIDEN NAME Nancy Steele		14. NAME OF HUSBAND OR WIFE Widowed
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 Kitty Puckett
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis 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.		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
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)		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? 4222
22. I hereby certify that I attended the deceased from Dec 1953, to April 1954 that I last saw the deceased alive on Apr 24 1954, and that death occurred at 11 A.m., from the causes and on the date stated above.				
23a. SIGNATURE W. R. Spalding MD (Degree or title)		23b. ADDRESS Plattsmouth Mo		23c. DATE SIGNED May 1-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/3/1954		24c. NAME OF CEMETERY OR CREMATORY Lone Star Cemetery
24d. LOCATION (City, town, or county) (State) Long Star Mo		DATE REC'D BY LOCAL REG. May 8-1954		
REGISTRAR'S SIGNATURE Elizabeth Seearce		441-0		25. FUNERAL DIRECTOR'S SIGNATURE (Address) John H. Murray Gower Mo

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

(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed John A. Murray

Licensed Embalmer No. 2893

P. O. Address Gower 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.