No. 300
10-48

FILED FEB 23 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6942

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4473 Registrar's No. 1

**1. PLACE OF DEATH**
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackburn
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackburn 0970
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Ernest
b. (Middle):
c. (Last): Runge

**4. DATE OF DEATH** (Month) 2 (Day) 14 (Year) 1955

**5. SEX:** Male 0

**6. COLOR OR RACE:** White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH:** 10-14-1875

**9. AGE** (In years last birthday): 79 — If under 1 year: Months 4, Days; If under 24 hrs.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Lutheran Minister

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Concordia Mo. 0

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME:** John Runge

**13b. MOTHER'S MAIDEN NAME:** Mathilda Bruns

**14. NAME OF HUSBAND OR WIFE:** Doris Kammeyer Runge

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT'S SIGNATURE OR NAME:** Amelia Steinbruck — **ADDRESS:** Alma Mo

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: ?

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:** 4-4-2 X

**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Feb. 11, 19 55, *to* Feb. 14, 19 55, *that I last saw the deceased alive on* Feb. 12, 19 55, *and that death occurred at* 11:40 Am., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Douglas Collins M.D.

**23b. ADDRESS:** Waverly, Missouri

**23c. DATE SIGNED:** 2/16/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial

**24b. DATE:** (2-17-1955)

**24c. NAME OF CEMETERY OR CREMATORY:** Blackburn Lutheran

**24d. LOCATION** (City, town, or county) (State): Blackburn Mo

**DATE REC'D BY LOCAL REG.:** February 18, 1955

**REGISTRAR'S SIGNATURE:** Mary Moseley 509 0

**25. FUNERAL DIRECTOR'S SIGNATURE:** Roy F Wiegen — **ADDRESS:** Higginsville Mo

(Licensed Embalmer's Statement, on Reverse Side)

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

## 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 Roy J Wiegers

Licensed Embalmer No. 2883

P. O. Address Higginsville Mo

Signed _____
Student Embalmer

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**