

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19236**

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Knox County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Edina, Mo.</b>		c. CITY OR TOWN <b>Shelbyville, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Gibson Hospital</b>		STREET ADDRESS (If rural, give location) <b>Rural 10 Miles N. W.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <b>RUFUS</b>	b. (Middle) <b>BALLENGER</b>		c. (Last) <b>RUNYON</b>		<b>6-12-1955</b>
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>6-5-1878</b>		9. AGE (in years last birthday) <b>77</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Framing</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Vernon Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>George Runyon</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Robertson</b>	14. NAME OF HUSBAND OR WIFE <b>Lillie Runyon</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NUMBER <b>498-40-1936</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lillie Runyon, Shelbyville, Mo.</b>	ADDRESS
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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.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		DUE TO (b) <b>Post Surgical Shock</b>		<b>4 hours</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)		<b>8 hours</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Acute Appendicitis</b>		<b>5500 3 days</b>

19a. DATE OF OPERATION <b>6/11/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Acute Appendicitis, Acute Cholecystitis</b>		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)	21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 6-11-55, 1955, to 6-12, 1955, that I last saw the deceased alive on 6-12, 1955, and that death occurred at 4:45 P M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. Wright</b>	23b. ADDRESS <b>2 Regard St</b>	23c. DATE SIGNED <b>6-14-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-14-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>151 Zion Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Bethel Mo.</b>

DATE REC'D BY LOCAL REG. <b>June 16-55</b>	REGISTRAR'S SIGNATURE <b>Helle S. Hunt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Berkeley - Hawkins</b>	ADDRESS <b>Shelby, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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JAN 24 1961

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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.....  
Signature of Student Embalmer

Signed *W. H. Harris*

Licensed Embalmer No. *349*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.