

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19982

State File No. _____

W. Lloyd
FILED JUN 25 1956

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 186

1. PLACE OF DEATH
a. COUNTY Cole

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Cole

b. CITY (If outside corporate limits, write RURAL, and give township) Jefferson City

c. CITY OR TOWN Jefferson City

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital

e. STREET ADDRESS (If rural, give location) 129 Boonville Road

3. NAME OF DECEASED
a. (First) Nellie b. (Middle) Kissinger c. (Last) Runyan

4. DATE OF DEATH (Month) (Day) (Year) June 16 1956

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Nov-14-1866

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Pike County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James H. Kissinger

13b. MOTHER'S MAIDEN NAME Sarah Stuart

14. NAME OF HUSBAND OR WIFE Justin A. Runyan

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 ADDRESS Mrs. Frank Hollingsworth Jeff City

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
Cerebral thrombosis
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c)

MEDICAL CERTIFICATION
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 1/2 hrs.
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332x

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 6-4, 1956, to 6-16, 1956, that I last saw the deceased alive on 6-16, 1956, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl L. Lloyd, M.D.

23b. ADDRESS Jeff. City, Mo.

23c. DATE SIGNED 6-20-56

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

24b. DATE June 18-56

24c. NAME OF CEMETERY OR CREMATOR Columbia Cemetery

24d. LOCATION (City, town, or county) (State) Columbia, Missouri

DATE REC'D BY LOCAL REG. 22 June 1956

REGISTRAR'S SIGNATURE R. R. Davis MD

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Joseph J. Gould Jefferson City, Mo.

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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph Gordon*

Licensed Embalmer No. *178*
P. O. Address *Jeff Co*

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.