

HEALTH, WELFARE, PUBLIC SERVICE
 STANDARD CERTIFICATE OF DEATH

41712
 STATE FILE NUMBER 5578

JAN 14 1957

Registration District No. 149 Primary Registration District No. 7002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.			Length of stay in lb 31 yrs		d. STREET ADDRESS 3704 So Benton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Carrie Middle Mae Last Runyan				4. DATE OF DEATH Month Dec. Day 23 Year 1956					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 19 1890		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 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		11. BIRTHPLACE (City and state or country) Marysville, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Monroe Funk				14. MOTHER'S MAIDEN NAME Rebecca Henton					
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. 493-34-8516		17. INFORMANT Homer L. Runyan Grandview Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rupture of Ventricle Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Coronary artery occlusion PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (4)							INTERVAL BETWEEN ONSET AND DEATH 1 min. 26 days 26 days		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 3/30/49 to 12/23/56 and last saw her alive on 12/22/56 Death occurred at 2105 P m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Claude C. Farley M.D. (Degree or title)				22b. ADDRESS 4526 Poplar Kc Mo		22c. DATE SIGNED 12/24/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 26 1956	23c. NAME OF CEMETERY OR CREMATORY Floral Hill		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home K.C. Mo.				25. DATE RECD. BY LOCAL REG. 12-24-56		26. REGISTRAR'S SIGNATURE Neal Marshall			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Claude C. Farley

Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All

Mr. Farley
1526 Porto

00

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 *John V. Hennick*
Licensed Embalmer No. 48

P. O. Address *F. B. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.