

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022117

STATE FILE NUMBER

FILED JUN 17 1959

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 152

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Chillicothe		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1002 Elm St.		Length of stay in lb 8 Mos.	d. STREET ADDRESS (If outside, give location) 1002 Elm St.		
3. NAME OF DECEASED (Type or print) First JOSIPHINE Middle EMILY Last RUNKLE			4. DATE OF DEATH Month June Day 6 Year 1959		
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 Sept. 19, 1868		
9. AGE (In years last birthday) 90		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) House wife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) / Shelbyville, Illinois		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Josiah Garvin			
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Wilburn		14. NAME OF HUSBAND OR WIFE Wiley A. Runkle (Dec'd.)			
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 James Runkle; Jefferson City, Missouri		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARDIO-VASCULAR-RENAL FAILURE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) Adeno. CA - Liver PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1561		INTERVAL BETWEEN ONSET AND DEATH 2 wks. 2-3 yrs. 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.)			
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 Apr. 4- 1952 to 6-6-59 and last saw her alive on 6-6-59 Death occurred at Eleven P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) L.W. Matheny M.D.		22b. ADDRESS Chillicothe, Mo.	22c. DATE SIGNED 6/8/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 9, '59	23c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery	23d. LOCATION (City, town, or county) (State) Chillicothe, Missouri		
24. FUNERAL DIRECTOR NORMAN FN'L HOME: Chillicothe, Mo.		25. DATE RECD. BY LOCAL REG. 6/8/59	26. REGISTRAR'S SIGNATURE Francisco B Neill		

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. 573..... working under my personal supervision.

Student Linda L Bolin
Signature of Student Embalmer

Signed John Bolin
Licensed Embalmer No. 5035.....

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