

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-006535**

**FILED VS MAR 11 1960**

149

Primary Registration District No. 1002

Registrar's No.

**1236**

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>3 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>301 W. Armour Blvd.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>301 W. Armour Blvd.</b>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Elsa</b> Middle <b>Freida</b> Last <b>Runyan</b>			<b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>1</b> Year <b>1960</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct. 1, 1910</b>	<b>9. AGE (last birthday)</b> <b>49</b>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Home</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Kansas City, Ks.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>John King</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Amanda Blau</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Joseph Runyan</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>486-10-4250</b>	<b>17. INFORMANT</b> Address <b>Mr. Joseph Runyan, 301 W. Armour Blvd</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY _____ STATE _____
<b>21. I attended the deceased from _____, to _____ and last saw her/him alive on _____.</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> <i>Hugh Owens</i> (Degree or title)			<b>22b. ADDRESS</b> <b>1034 Realto Blvd</b>		<b>22c. DATE SIGNED</b> <b>3-1-60</b> (State)
<b>23a. BURLIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial &amp; removal</b>	<b>23b. DATE</b> <b>3-4-1960</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Mt. Hope Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) <b>Kansas City, Ks.</b>	
<b>24. FUNERAL DIRECTOR</b> <b>Melody-McGilley-Eylar Funeral Home</b>			ADDRESS <b>Woodland-Linwood</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>3-1-60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>vera minshall</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Schroeder

Licensed Embalmer No. 4741

P. O. Address Independence

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.