

FILED FEB 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 50

1941

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Elvins</u>	
c. LENGTH OF STAY in this place <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HERMAN</u> b. (Middle) <u>BRADBURY</u> c. (Last) <u>RESINGER</u>			4. DATE OF DEATH <u>Feb-1-1953</u> (Month) (Day) (Year)		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Jan 27-1898</u>		9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>0</u> DAYS <u>3</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Genevieve Co. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Frank Resinger</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Whitt</u>		14. NAME OF HUSBAND OR WIFE <u>Grace (Klatte) Resinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-03-9718</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Resinger Elvins, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			

22. I hereby certify that I attended the deceased from Jan 31 1953, to Feb 1 1953, that I last saw the deceased alive on Feb 1 1953, and that death occurred at 12:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. Appleyard M.D.</u>		(Degree or title)		23b. ADDRESS <u>Flat River, Mo</u>		23c. DATE SIGNED <u>Feb 2, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 3, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co, Mo</u>	

DATE REC'D BY LOCAL REG. <u>Feb 3, 1953</u>		REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>SPARKS F. HOME Flat River, Mo</u>	
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FEB 17 1953

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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

Student Embalmer

Signed

Murphy L. Spahr

Licensed Embalmer No. *4256*

P. O. Address *Flat 211, The*

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 this body is not embalmed, fact should be so stated above.