

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22737
 Do not use this space.

1. PLACE OF DEATH 3
 (a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 116
 (c) City Near Farmington (d) Street No. State Hospital No. 4 St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 240 Charles Ressel
 (a) Residence, No. Oran, Mo. St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

| PERSONAL AND STATISTICAL PARTICULARS | | | | |
|--|--|---|---|--|
| 3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary K. Reese | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1977 | | | | |
| 7. AGE | YEARS 63 | MONTHS 1 | DAYS 26 | IF LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. | | | |
| | 10. Date deceased last worked at this occupation (month and year) | | 11. Total time (years) spent in this occupation | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso Missouri | | | | |
| FATHER | 13. NAME Florian Ressel | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany | | | |
| MOTHER | 15. MAIDEN NAME Mary Mopher | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Hamburg Missouri | | | |
| 17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo. | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL 3. PLACE Kelso, Mo. DATE May, 1940 | | | | |
| 19. FUNERAL DIRECTOR (NAME) Walthers Funeral Home (ADDRESS) Cape Girardeau, Mo. | | | | |
| 20. FILED 6-11-1940 T. J. Robinson Local Registrar. | | | | |

| MEDICAL CERTIFICATE OF DEATH | |
|--|---------------------------------|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-30 | 1940 |
| 22. I HEREBY CERTIFY, That I attended deceased from 10-3 , 19 39 , to 5-30 , 19 40 I last saw him alive on 5-30 , 19 40 . Death is said to have occurred on the date stated above, at 8:40a m. The principal cause of death and related causes of importance were as follows: Cerebral Arteriosclerosis with psychosis (Terminal exhaustion) 1+yr Worked Her Arteriosclerosis with other atherosclerosis Other contributory causes of importance: Worked Her Arteriosclerosis with other atherosclerosis | |
| Name of operation no | Date of no |
| What test confirmed diagnosis Plain X-ray | Was there an autopsy? no |
| 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____ Where did injury occur? no (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. | |
| Manner of injury _____ | Nature of injury _____ |
| 24. Was disease or injury in any way related to occupation of deceased? If so, specify: no (Signed) W. J. Davis, Jr. , M.D. Address Farmington, Mo. | |

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. W. Rister

Licensed Embalmer No. *3980*

P. O. Address *Coape Guardian M*

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, above space should be left blank.