0.300
0.48

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

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23660

BIRTH NO. _____ REG. DIST. NO. 2407 PRIMARY REG. DIST. NO. 5754 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Maries
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Miller
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Maries
c. CITY OR TOWN: Rural Milder
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): 0630

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle): Angeline
c. (Last): Resimius

4. DATE OF DEATH (Month) 7 (Day) 7 (Year) 1954

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 9/30/1871

9. AGE (In years last birthday): 83
If under 1 year: Months 9 Days 7
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (City and State or Foreign Country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Albert Charbonneau

13b. MOTHER'S MAIDEN NAME: Emmlee Denear

14. NAME OF HUSBAND OR WIFE: Charles Resimius

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X

16. SOCIAL SECURITY NO.: X

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mr. George Resimius, Dixon, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 12 hours
DUE TO (c) Vascular hypertension. — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 331 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 7, *1954, to* July 7, *1954, that I last saw the deceased alive on* July 7, *1954, and that death occurred at* 3:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] **(Degree or title)**: D.O.
23b. ADDRESS: Dixon, Mo.
23c. DATE SIGNED: 7-8-1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/11/1954
24c. NAME OF CEMETERY OR CREMATORY: Seaton Cemetery
24d. LOCATION (City, town, or county) (State): Maries County, Missouri

DATE REC'D BY LOCAL REG.: AUG 2 1954
REGISTRAR'S SIGNATURE: Clyde A. Bridges

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fred H. Gilberts, Dixon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1954

MAY 31 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by July - 7 - 1954, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred D. Gellert

Licensed Embalmer No 234

P. O. Address Dixon, Misso

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