

FILED JAN 4 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41732

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 381

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY OR TOWN <u>BONNE TERRE</u>		c. CITY OR TOWN <u>Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>17</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR FARMINGTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BONNE TERRE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BRUCE</u> b. (Middle) <u>LYNN</u> c. (Last) <u>RESINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24, 1955</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Dec. 19, 1954</u>	9. AGE (In years last birthday) <u>1</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>BONNE TERRE, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ALBERT RESINGER</u>		13b. MOTHER'S MAIDEN NAME <u>RUTH WELCH</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ALBERT RESINGER</u> ADDRESS <u>FARMINGTON, MO.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION ROUTE #3 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>493x</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongolism</u>			INTERVAL BETWEEN ONSET AND DEATH- <u>4 days</u>          <u>1 year</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 Dec 21, 1955, to Dec 24, 1955, that I last saw the deceased alive on Dec 24, 1955, and that death occurred at 4:45 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Alvan G Karraker M.D.</u>		23b. ADDRESS <u>Farmington, Mo</u>		23c. DATE SIGNED <u>12.26.55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHESTNUT RIDGE CEM.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 26, 1955</u>		REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COZEAN FUNERAL HOME</u> ADDRESS <u>Farmington, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *40*

P. O. Address *Farmington*

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.