

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27420**

FILED AUG 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **160** PRIMARY REG. DIST. NO. **5592** Registrar's No. **84**

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittance.) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Joachim Twp.</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 mon.</b>	c. CITY OR TOWN <b>Festus</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rose Hill Rest Home</b>		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>629 West Main Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Emma</b>	b. (Middle)	c. (Last) <b>Resinger</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 16 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Nov. 16, 1880</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ste. Genevieve Cty., Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>David Charleville</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Garno</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Resinger</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Norval J. Resinger, 213 N. Adams, Festus, Mo.</b>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiovascular disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO <b>Generalized arteriosclerosis</b> DUE TO (c) <b>Diabetes mellitus</b>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>Festus, Mo. Jefferson (State)</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I, hereby certify that I attended the deceased from **May 12**, 19**56**, to **Aug 10**, 19**56**, that I last saw the deceased alive on **Aug 16**, 19**56**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Bertalan Dajm, M.D.</b>	(Degree or title)	23b. ADDRESS <b>Festus, Mo</b>	23c. DATE SIGNED <b>Aug 17 1956</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 18, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Festus-Crystal City Cath.</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Cty, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>8-17-56</b>	REGISTRAR'S SIGNATURE <b>James G. Fagan</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Vinyard Funeral Homes, Inc., Festus, Mo.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

680

JEFFERSON COUNTY HEALTH DEPT.  
MILLSBORO, MISSOURI

DATE RECEIVED.

AUG 21 1956

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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 *Keith B. Vinger*

Licensed Embalmer No. *497*

P. O. Address *Festus,*

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.