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diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUN 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57021635  
STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 53

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JEFFERSON</b>   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>RURAL JOACHIM</b>  |                               | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>CRYSTAL CITY</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>JEFFERSON CO. HOSP</b>   |                               |  | Length of stay in hospital   |   | d. STREET ADDRESS <b>509 MISSISSIPPI, AVE</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>HOWARD</b> Middle <b>C.</b> Last <b>RESINGER</b>  |                               |  | 4. DATE OF DEATH <b>6-4-57</b> Month Day Year  |   |  |
| 5. SEX <input checked="" type="radio"/> <b>MALE</b>   | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>JULY 30, 1883</b>  | 9. AGE (In years last birthday) <b>73</b> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED P.P.G. CO</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>GLASS WORKER</b>  | 11. BIRTHPLACE (City and state or country) <b>FARMINGTON, MISSOURI</b>   |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>  |
| 13. FATHER'S NAME <b>JAMES RESINGER</b>   |                               |  | 14. MOTHER'S MAIDEN NAME <b>CATHERINE CONLEY</b>   |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |                               | 16. SOCIAL SECURITY NO.  | 17. INFORMANT <b>Leo Resinger Crystal City, Mo.</b> Address  |   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral Arteriosclerosis</b>   |                               |  |  |   | INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____<br>DUE TO (c) _____   |                               |  |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Rectal hemorrhage, cause undetermined 334X</b>  |                               |  |  |   | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                               | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |  |   |  |
| 20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.  |                               |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                               | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION   | COUNTY  | STATE  |
| 21. I attended the deceased from <b>Feb 17, 1957</b> to <b>June 4, 1957</b> and last saw her/him alive on <b>June 3, 1957</b> . Death occurred at <b>5:00 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |                               |  |  |   |  |
| 22a. SIGNATURE (Degree or title) <b>J. L. Mayfield M. D.</b>  |                               |  | 22b. ADDRESS <b>Crystal City, Mo</b>   |   | 22c. DATE SIGNED <b>June 4, 1957</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>   | 23b. DATE <b>6-6-57</b>       | 23c. NAME OF CEMETERY OR CREMATORY <b>ROSELAWN GARDEN</b>  |  | 23d. LOCATION (City, town, or county) (State) <b>CRYSTAL CITY; MISSOURI</b>                       |  |
| 24. FUNERAL DIRECTOR <b>Quincy B. Pelletier Crystal City, Mo</b> ADDRESS  |                               | 25. DATE RECD. BY LOCAL REG. <b>6-7-57</b>   | 26. REGISTRAR'S SIGNATURE <b>James G. Rubin</b>  |   |  |

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 11 1957

JUL 3

1957

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 *Anthony R. Palitto*

Licensed Embalmer No. *31*

P. O. Address *Crystal Lake*

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