

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9819

State File No. ....

FILED MAR 30 1954		BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>79</u>					
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>St. Francois</u>									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>			c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Elvins</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>0940</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>GRACE</u>			b. (Middle) <u>(NONE)</u>			c. (Last) <u>RESINGER</u>				
4. DATE OF DEATH			Month			Day			Year				
			<u>March</u>			<u>21</u>			<u>1954</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Aug 2- 1905</u>		9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months <u>7</u> Days <u>19</u>		11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Klattie</u>				13b. MOTHER'S MAIDEN NAME <u>Josephine Berner</u>				14. NAME OF HUSBAND OR WIFE <u>Herman Resinger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Nadine Moyer, Elvins, 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								INTERVAL BETWEEN ONSET AND DEATH <u>1948</u>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hurthle Cell Carcinoma of Thyroid</u>									
				ANTECEDENT CAUSES DUE TO (b) <u>Ca of Lung</u>									
				DUE TO (c)									
				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 <u>163X</u>								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)			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 <u>Oct</u> , 19 <u>53</u> , to <u>March 21, 1954</u> , that I last saw the deceased alive on <u>Mar 21, 1954</u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>C. H. Appberry M.D.</u>				23b. ADDRESS <u>Flat River, Missouri</u>				23c. DATE SIGNED <u>3.22.54</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar-23-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memo</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co. Mo</u>							
DATE REC'D BY LOCAL REG. <u>Mar. 23, 1954</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>SPARKS F. HOME</u>		ADDRESS <u>Flat River, Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Murphy Sparks*.....

Licensed Embalmer No. *42*

P. O. Address *St. Paul*

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