

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17898

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5136 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>Butler</u> <u>Beaver Dam Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff, Mo.</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Poplar Bluff, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, Stringtown Rural</u>		STREET ADDRESS (If rural, give location) <u>Rural, Stringtown</u> <u>0120</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Olga</u> b. (Middle) _____ c. (Last) <u>Resnik</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 24, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>	8. DATE OF BIRTH <u>April 26, 1903</u>	9. AGE (In years last birthday) <u>52</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>28</u> IF UNDER 24 HRS. Hours <u>_____</u> Min. <u>_____</u>
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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>Scribner, Nebraska</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm. A. Kurz</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Everhart</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Resnik</u> ADDRESS <u>Poplar Bluff, Mo.</u>
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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, asthenia, 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) <u>Asphyxiation due to suffocation</u>		
ANTECEDENT CAUSES		DUE TO (b) <u>while in epileptic seizure</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		3533	
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) _____
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21d. TIME OF INJURY, (Month) (Day) (Year) (Hour) (m.) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:30 AM from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____	23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>June 6 - '55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sparkman Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo. Rural</u>
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DATE REC'D BY LOCAL _____	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>489</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JUN 13 1958
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Wallace R. Knight

Licensed Embalmer No. 451
412
P. O. Address Poplar St.

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.