

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016665

STATE FILE NUMBER

FILED JUN 8 1959 Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 77

300  
-57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		c. CITY OR TOWN Purdy	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent Hosp		d. STREET ADDRESS (If outside, give location) R.F.D.	
Length of stay in lb 28 Days		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Rose Kresyman			4. DATE OF DEATH Month Day Year May 24 1959			
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 16-13-02		9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.						

13a. FATHER'S NAME John Boursbeski		13b. MOTHER'S MAIDEN NAME Rose Stipp		14. NAME OF HUSBAND OR WIFE Tony Kresyman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Tony Kresyman Address Purdy Mo R.F.D.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema			INTERVAL BETWEEN ONSET AND DEATH 10 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		

20e. CITY, TOWN, OR LOCATION Purdy		20f. COUNTY Barry		20g. STATE Missouri	
21. I attended the deceased from 4-20-59 to 5-24-59 and last saw him alive on 5-23-59 Death occurred at 2:45 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Dr. J. J. Monett M.D.			22b. ADDRESS Monett Mo		22c. DATE SIGNED 5-24-59

23a. BURIAL, CREATION, REMOVAL (Specify) Burial		23b. DATE 5-25-59		23c. NAME OF CEMETERY OR CREMATORY St. Peter & Pauls	
24. FUNERAL DIRECTOR McQueen Funeral Home, Wheaton Mo		25. DATE RECD. BY LOCAL REG. 5-25-59		26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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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 *Paul D. Henbest* .....

Licensed Embalmer No. *4576* .....

P. O. Address *Cassville Mo* .....

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.