

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007807

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 104

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b Life

c. CITY OR TOWN Poplar Bluff Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) RFD # 1 Inside Limits Yes No

3. NAME OF DECEASED (Type or print) First VIRGINIA Middle RUTH Last RESNIK

4. DATE OF DEATH Month Feb. Day 17, Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-3-1921 9. AGE (last birthday) 39

IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY - - - - - 11. BIRTHPLACE (City and state or country) Neelyville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Fred Lazalier 13b. MOTHER'S MAIDEN NAME Sarah Sargent 14. NAME OF HUSBAND OR WIFE Anthony Resnik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. # 2 17. INFORMANT Address Anthony Resnik Poplar Bluff, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bacterial Pneumonia
DUE TO (b) Scabies
DUE TO (c) derma
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH 11 days
3 1/2 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N. Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 9:00 a.m. p.m. Month, Day, Year 2-6-61

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 2-6-61 to 2-17-61 and last saw her ~~she~~ alive on 2-17-61
Death occurred at 9:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. V. Miller M.D. 22b. ADDRESS Poplar Bluff, Missouri 22c. DATE SIGNED 2/25/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2-19-1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens Cemetery 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri

24. FUNERAL DIRECTOR ADDRESS Greer Croy & Fitch Poplar Bluff, Mo. 25. DATE RECD. BY LOCAL REG. 3/6/61 26. REGISTRAR'S SIGNATURE [Signature]

MAY 16 1961

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 Philip J. Cassuly

Licensed Embalmer No. 4618

P. O. Address Poplar Bluff

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.