

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026499

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 304
 FILED AUG 8 1961

AMENDED

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| 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, give TOWNSHIP only) OR TOWN <u>Flat River</u> | | Length of stay in 1b <u>5 Weeks</u> | | c. CITY OR TOWN <u>Desloge</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rest Haven Nurs. Home</u> | | | | d. STREET ADDRESS <u>109 S Grant</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Hilton</u> Middle <u>Henry</u> Last <u>Revelle</u> | | | 4. DATE OF DEATH Month <u>August</u> Day <u>5th.</u> Year <u>1961</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH <u>July 11, 1893 - 68</u> | |
| 9. AGE (last birthday) | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u> | | 11. BIRTHPLACE (City and state or country) <u>Madison Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>Calvin Revelle</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Whitener</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Nellie Revelle</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address <u>Nellie Revelle, Desloge, Mo.</u> | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Nephritis-Atherosclerotic Kidney</u> DUE TO (b) <u>general arteriosclerosis</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Amputation of leg 5/16/60</u> <u>24 leg 6/16/61 - Retention catheter for wk</u> | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> |
| 19. WAS AUTOPSY PERFECT? YES <input checked="" type="checkbox"/> | | 20. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u> </u> a.m. <u> </u> p.m. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>July 14 1961</u> to <u>Aug 5 1961</u> and last saw him alive on <u>Aug 4 1961</u> Death occurred at <u>7:10 A.m</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>JW Zuppan D.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Flat River Mo.</u> | | 22c. DATE SIGNED <u>8/5/61</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>8/7/1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Revelle Cemetery</u> | | 23d. LOCATION (City, town, or county) <u>Fredericktown, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>C.Z. Boyer & Son, Inc., Desloge, Mo</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>Aug. 5, 1961</u> | | 26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u> | |

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 10 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 B. T. Boyer

Licensed Embalmer No. 3660

P. O. Address Desloge, 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.