

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38208

State File No.

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>6070</u>		Registrar's No. <u>375</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. <u>Missouri</u> <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crossroads</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crossroads, Liberty Twp.</u>		1940	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>rural Liberty Twp.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lexie</u> b. (Middle) <u>Alexander</u> c. (Last) <u>Revelle</u>			4. DATE OF DEATH. (Month) <u>Nov.</u> (Day) <u>19</u> , (Year) <u>1950</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 1, 1885</u>	9. AGE (In years, Months, Days) <u>65</u> <u>2</u> <u>18</u>	10. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY. <u>USA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY. <u>USA.</u>	
13a. FATHER'S NAME <u>William H. Revelle</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Tripp</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Ferguson</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. <u>499-03-6089</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Revelle, Mine La Motte, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Star Route <u>Diabetes Mellitus</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES		II. OTHER SIGNIFICANT CONDITIONS			
DUE TO (b)		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
DUE TO (c)		Conditions contributing to the death but not related to the disease or condition causing death.		260X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>11-30-49</u> , 19 <u>49</u> , to <u>11-19-50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-15-50</u> , 19 <u>50</u> , and that death occurred at <u>1:15 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Bremer MD</u>				23b. ADDRESS <u>Freswicktown Mo</u>		23c. DATE SIGNED <u>11-2-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 22/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crossroads</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Co., Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Coezan Funeral Home, Farmington, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4
NOV 27 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

C. A. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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 this body is not embalmed, fact should be so stated above.