

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 24 1949

State File No. ....

No. 300  
10.48

68  
220

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

|   |                                  |  |  |   |  |   |  |                                  |  |
|---|----------------------------------|--|--|---|--|---|--|----------------------------------|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>225</u>  |  | PRIMARY REG. DIST. NO. <u>4835</u>  |  | Registrar's No. <u>5</u>  |  |                                  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>MONITEAU</u>  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>MONITEAU</u>   |  |   |  |                                  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>TIPTON MO</u>  |                                  | c. LENGTH OF STAY (In this place)  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>TIPTON</u>   |  |   |  |                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>NO. STREET NO.</u>  |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>No. Street Number</u>   |  |   |  |                                  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>CHARLES</u>  |                                  | b. (Middle) <u>-</u>   |  | c. (Last) <u>GREVILLOT Jr</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MARCH 17 1949</u>                       |  |                                  |  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>MARRIED</u>                               | 8. DATE OF BIRTH<br><u>10-1-1889</u>             |   | 9. AGE (In years last birthday)<br><u>59</u>         | IF UNDER 1 YEAR<br>Months <u>3</u> Days <u>16</u>                                   | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |                                  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>BAKERY</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>RETIRED</u>  |  | 11. BIRTHPLACE (State or foreign country)<br><u>BOWLING-GREEN MO</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |                                  |  |
| 13a. FATHER'S NAME<br><u>CHARLES-GREVILLOT Sr</u>   |                                  |  | 13b. MOTHER'S MAIDEN NAME<br><u>ROSIE-SURGON</u> |   | 14. NAME OF HUSBAND OR WIFE<br><u>MARY-GREVILLOT</u> |   |  |                                  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   |                                  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs. Chas. Revillot</u>   |  | ADDRESS<br><u>Tipton</u>  |  |                                  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                                  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis.</u>   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   |                                  |  |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Mitral Insufficiency.</u><br>DUE TO (c) <u>Rheumatic Endocarditis.</u> |  |   |  |                                  |  |
|   |                                  |  |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |                                  |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>414</u>   |  |   |  | 20. AUTOPSY?<br>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>Jan 24</u> , 19 <u>47</u> , to <u>March 17</u> 19 <u>49</u> , that I last saw the deceased alive on <u>March 17</u> , 19 <u>49</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above. |                                  |  |  |   |  |   |  |                                  |  |
| 23a. SIGNATURE (Degree or title)<br><u>Dr. P. J. Lambert M.D.</u>   |                                  |  |  | 23b. ADDRESS<br><u>202 Tipton Mo</u>  |  | 23c. DATE SIGNED<br><u>3-18-49</u>  |  |                                  |  |
| 24. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   |                                  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>CATHOLIC-CEMETERY</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>TIPTON MO.</u>  |  |   |  |                                  |  |
| DATE REC'D BY LOCAL REG.<br><u>3-20-49</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Mrs. Maude Hudson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>James E. Richard</u>   |  | ADDRESS<br><u>Tipton Mo</u>   |  |                                  |  |

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed MAR 23 1949

OCT 3 1957

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 \_\_\_\_\_  
Student Embalmer

Signed

*James E. Richards*

Licensed Embalmer No. *2464*

P. O. Address *Dipton 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.