

FILED APR 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14298

State File No.

124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6072 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Woe Run</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Woe Run 0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Napoleon</u>		b. (Middle) <u>B.</u>	
c. (Last) <u>Revelle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 7, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>8-12-1870</u>
9. AGE (In years last birthday) <u>79</u>		10. MONTHS <u>7</u> DAYS <u>25</u> HOURS <u>1</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Blount, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>W. H. Revelle</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Tripp</u>	
14. NAME OF HUSBAND OR WIFE <u>Uda Revelle</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>498-10-4319</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Uda Revelle</u> ADDRESS <u>Woe Run 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperstatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> <u>10 day</u> DUE TO (c) <u>Arteriosclerosis & Hypertension</u> <u>20 year</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>	
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) (m.)		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>Nov 28, 1950</u> to <u>April 7, 1950</u> , that I last saw the deceased alive on <u>April 6, 1950</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>L. M. Staudel, M.D.</u>		23b. ADDRESS <u>Harrodsburg Mo</u>	
23c. DATE SIGNED <u>4/8/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-9-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Revelle Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>near Fredericktown Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Loalwell</u> ADDRESS <u>Great Rivers Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 10, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

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

RECEIVED

APR 17 1953

DISTRICT HEALTH OFFICE No. 4

File No. 450-577

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 W. A. Baldwin

Licensed Embalmer No. 3317

P. O. Address Flat River

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.