

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32991**

BIRTH NO. _____ REG. DIST. NO. **33** PRIMARY REG. DIST. NO. **5111** Registrar's No. **603**

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Liberty Twp		c. LENGTH OF STAY (In this place) 15 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural - Liberty Twp		c. CITY OR TOWN R-1, Advance	
		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R-1, Advance, 0090	

3. NAME OF DECEASED (Type or Print) a. (First) John	b. (Middle) A.	c. (Last) REVELLE	4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 13, 1865	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months - Days -	IF UNDER 2 HRS. Hours - Min. -
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Bollinger Co., Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Revelle	13b. MOTHER'S MAIDEN NAME Margaret Jane Leggett	14. NAME OF HUSBAND OR WIFE Barbara Ann Wilgong
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Charley Revelle, Advance, Mo	ADDRESS Advance, Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Advance Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1938**, to **Oct 21, 1954**, that I last saw the deceased alive on **Oct**, 19**54**, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE E. C. Masters	(Degree or title)	23b. ADDRESS Advance Mo.	23c. DATE SIGNED Oct. 29, 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-23-54	24c. NAME OF CEMETERY OR CREMATORY Drum Cemetery	24d. LOCATION (City, town, or county) (State) Bollinger Co., Mo
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DATE REC'D BY LOCAL REG. Nov 2, 1954	REGISTRAR'S SIGNATURE Wm H. Morgan	25. FUNERAL DIRECTOR'S SIGNATURE Wm H. Morgan	ADDRESS Advance, Mo
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Licensed Embalmer's Statement on Reverse Side

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

0901

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 *William H. Morgan*.....

Licensed Embalmer No. *4640*.....

P. O. Address *Adams,*.....

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.