

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007829

FILED VS MAR 2 1960

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 76

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Farmington.</b>		Length of stay in 1b <b>1 week</b>		c. CITY OR TOWN <b>Fredericktown</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>White Way Nursing Home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>203 Kelley St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Denton</b> Last <b>Revelle</b>				4. DATE OF DEATH Month <b>Feb.</b> Day <b>23,</b> Year <b>1960</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1/22/1867</b>	9. AGE (last birthday) <b>93</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer, Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Madison Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>		
13a. FATHER'S NAME <b>Albert Revelle</b>			13b. MOTHER'S MAIDEN NAME <b>Sally Razor</b>			14. NAME OF HUSBAND OR WIFE <b>Amanda Revelle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Robert P. Revelle,</b> Address <b>Fredericktown, Mo.</b>				
18. CAUSE OF DEATH (Enter only cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>							INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) <b>Pneumonia</b>		
							DUE TO (c) <b>Pulmonary Arteriosclerosis</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <b>Feb 20, 1960</b> to <b>Feb 23, 1960</b> and last saw her <b>alive</b> on <b>Feb 22, 1960</b> Death occurred at <b>11:00 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Ernest J. Rudloff</i> (Describe or title)				22b. ADDRESS <b>Farmington Mo</b>				22c. DATE SIGNED <b>2/24/60</b> (State)	
23a. BURIAL OCCURRED, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2/25/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Revelle Cemetery</b>			23d. LOCATION (City, town, or county) <b>Madison County, Mo.</b>			
24. FUNERAL DIRECTOR <b>Najim Funereal Home</b> ADDRESS <b>Fredericktown, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Feb. 24, 1960</b>		26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles J. McEly*

Licensed Embalmer No. 4852

P. O. Address Frederickton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.