

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-041898

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 534

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10168
30168

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED DEC 11 1962</p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>CAPE</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u> Length of stay in lb <u>2 DAYS</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>MO.</u> b. COUNTY <u>CAPE</u></p> <p>c. CITY OR TOWN <u>CAPE GIRARDEAU</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>709 N. MAIN ST</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>MELVIN ELIGA REVELLE</u></p>		<p>4. DATE OF DEATH Month Day Year <u>DEC 4 1962</u></p>									
<p>5. SEX <u>M.</u></p>	<p>6. COLOR OR RACE <u>W.</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>5-24-1890</u></p>	<p>9. AGE (last birthday) <u>72</u></p>	<p>IF UNDER 1 YEAR Months <u>6</u> Days <u>10</u></p>	<p>IF UNDER 24 HR Hours <u></u> Min. <u></u></p>					
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE FACTORY</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>CHASER</u></p>		<p>11. BIRTHPLACE (City and state or country) <u>ADVANCE MO</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>					
<p>13a. FATHER'S NAME <u>JOHN REVELLE</u></p>			<p>13b. MOTHER'S MAIDEN NAME <u>BRUGILLA MCKELUY</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>PEARL REVELLE</u></p>						
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u></u></p>			<p>16. SOCIAL SECURITY NO. <u></u></p>		<p>17. INFORMANT Address <u>26 Mrs. Woodrow Poston CHAFFEE MO</u></p>						
<p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>St. Upper Lobe Pneumonia</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Chr. Myocarditis</u></p> <p style="text-align: center;">DOE TO (b) <u>Coronary Artery Disease</u></p>						<p>INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u></p> <p><u>4-5 yrs</u></p> <p><u>4-5 yr.</u></p>					
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>						<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>					
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>		<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>							
<p>20c. TIME OF INJURY Hour Month, Day, Year</p> <p>a.m. p.m.</p>			<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>				<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>		
<p>21. I attended the deceased from <u>8:30 12-2-62</u> to <u>12-4-62</u> and last saw her/him alive on <u>12-3-62</u></p> <p>Death occurred at <u>8:30 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>						<p>22a. SIGNATURE (Print name or title) <u>William J. Ochler M.D.</u></p>		<p>22b. ADDRESS <u>Cape Girardeau Mo</u></p>		<p>22c. DATE SIGNED <u>12/6/62</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u></p>		<p>23b. DATE <u>DEC. 6-1962</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>NEW LORMIER GEM. CAPE GIRARDEAU MO</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU MO</u></p>					
<p>24. FUNERAL DIRECTOR <u>STUBBS' FUNERAL HOME MO</u></p>			<p>ADDRESS <u>CHAFFEE MO</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>12-8-1962</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u></p>				

DEC 11 1962

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 Eugene L. Stubbs

Licensed Embalmer No. 5012
P. O. Address Chaffee, Ma.

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.