

FILED FEB 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4067

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>327 S. LORMIER</u>		d. STREET ADDRESS (If rural, give location) <u>327 S. LORMIER</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ARETTA</u>	b. (Middle) <u>EILEEN</u>	c. (Last) <u>REVELLE</u>	(Month) (Day) (Year) <u>FEB 16 1951</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18, 1863</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 100 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>DEGONIA, ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>TOM MURDEN</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs. [unclear]</u>	14. NAME OF HUSBAND OR WIFE <u>HENRY REVELLE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Srazier Cape Girardeau, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis general of 18 yrs</u> DUE TO (c) <u>Hypertensive Carditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Vascular Disease</u> <u>10 yrs.</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)	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>Feb 1, 1951</u> , to <u>Feb 16, 1951</u> , that I last saw the deceased alive on <u>Feb 16, 1951</u> , and that death occurred at <u>6 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward D. Campbell M.D.</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>	23c. DATE SIGNED <u>Feb 19 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>2/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NEW LORMIER CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU, MISSOURI</u>
DATE REC'D BY LOCAL REG. <u>2-19-1951</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL OR FURNISHING FUNERAL HOME, AND ADDRESS <u>CAPE GIRARDEAU, MISSOURI</u>

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

0164

RECEIVED

FEB 26 1951

DISTRICT HEALTH OFFICE No. C

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4756

P. O. Address Cape Girardeau

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.