

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32798

FILED OCT 13 1953

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 336

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)	
a. COUNTY <u>St. Francis</u>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELYNS</u>	a. STATE <u>MO</u>	b. COUNTY <u>St. Francois</u>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELYNS, MO. 0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>320 CAMILLA ST.</u>		d. STREET ADDRESS (If rural, give location) <u>320 Camilla St</u>	

3. NAME OF DECEASED (Type or Print) <u>MARYIN DANIEL</u>	a. (First)	b. (Middle)	c. (Last) <u>REYELLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23-1953</u>
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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>APRIL-14-1896</u>	9. AGE (In years last birthday) <u>57</u> Months <u>5</u> Days <u>8</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MADISON, CO, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Joac REVELLE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH WHIENERY</u>	14. NAME OF HUSBAND OR WIFE <u>IRGIE. REYELLE</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>390-499-03-785</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VIRGIE REYELLE</u>	ADDRESS <u>ELYNS</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure 10/14</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis 1-29</u>		
	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 <u>4201</u>	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)
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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 March 1953, to Sept 1953, that I last saw the deceased alive on Sept 22, 1953, and that death occurred at 7:22 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Raymond Caldwell</u>	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>9/26/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT. 26 1953</u>	24c. NAME OF CEMETERY OR CREMATORIUM <u>Revelle</u>	24d. LOCATION (City, town, or county) (State) <u>Near Fredericktown, MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 26, 1953</u>	REGISTRAR'S SIGNATURE <u>Catherine Ludloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat River, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, N.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.