

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42284**

BIRTH MO. **FILED DEC 21 1953** REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY OR TOWN CAPE GIRARDEAU		c. LENGTH OF STAY (in this place) 12 yr.		c. CITY OR TOWN Cape Girardeau		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 912 S. Franklin St				e. STREET ADDRESS (If rural, give location) 912 S. Fontaine St.			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) W.		c. (Last) Revelle		4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH June 1, 1870	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Ret. Farmer		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Osborne Revelle		13b. MOTHER'S MAIDEN NAME Mary Revelle		14. NAME OF HUSBAND OR WIFE Ann Nelson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lee Bincheater ADDRESS Adams, Mo.			
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable tuberculosis				INTERVAL BETWEEN ONSET AND DEATH not known not known	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200A				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 on 5 Dec, 1953 , to 8:30 P.M. , that I last saw the deceased alive on 3 Dec, 1953 , and that death occurred at 8:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. Cochran M.D.				23b. ADDRESS 709 S. Broadway Cape Girardeau		23c. DATE SIGNED 12-10-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/10/53		24c. NAME OF CEMETERY OR CREMATORY Songals Cemetery		24d. LOCATION (City, town, or county) (State) Songals, Mo.	
DATE REC'D BY LOCAL REG. 12-14-53		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Maynor ADDRESS Adams, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Advocate, Mo.*

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.