

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-032903

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 2042 Registrar's No. 92

FILED SEP 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0621  
2 0621

3

4 0

5 1

6

7 0

8 2

9 20.1

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>MADISON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <u>FREDERICK TOWN</u>		Length of stay in 1b <u>40 yrs.</u>	c. CITY OR TOWN <u>FREDERICK TOWN</u>
c. FULL NAME OF (if NOT in hospital, give location) <u>510 So. MARSHALL ST.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>510 So. MARSHALL ST.</u>
3. NAME OF DECEASED (Type or print) First <u>BASCOM</u> Middle <u>S</u> Last <u>REVELLE SR.</u>		4. DATE OF DEATH Month <u>Sept.</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr. 17, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building Contractor</u>	11. BIRTHPLACE (City and state or country) <u>Mill Creek, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13. FATHER'S NAME <u>A. J. Revelle</u>	
13b. MOTHER'S MAIDEN NAME <u>Dona Tripp</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Revelle</u>	
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>49 ELIZABETH REVELLE (SAME)</u>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MYOCARDIAL INFARCTION DUE TO ARTERIOSCLEROTIC CORONARY THROMBOSIS</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u> DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>8 WEEKS</u> <u>UNKNOWN</u> <u>UNKNOWN</u>	
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 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 <u>6:15</u> a.m. p.m. Month, Day, Year <u>JULY 6, 1963</u>		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 <u>Monton, Mo.</u>	
20g. COUNTY <u>MADISON</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>JULY 6, 1963</u> to <u>SEPT. 7, 1963</u> and last saw him alive on <u>SEPT. 3, 1963</u> Death occurred at <u>6:15 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert W. Gookin, M.D.</u> (Degree or title)		22b. ADDRESS <u>124 W. Riverside Monton, Mo.</u>	
22c. DATE SIGNED <u>9-6-63</u>		22d. SIGNATURE <u>Therese Hicks</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-6-1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>MARSHS MEMORIAL</u>		23d. LOCATION (City, town, or county) <u>MADISON</u>	
24. FUNERAL DIRECTOR <u>RAY WILSON</u>		25. DATE RECD. BY LOCAL REG. <u>9-9-1963</u>	
24. ADDRESS <u>FREDERICKTOWN MO</u>		26. REGISTRAR'S SIGNATURE <u>Therese Hicks</u>	

USE BLACK INK OR TYPEWRITER RIBBON

SEP 17 1963

**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

*Raymond B. Wilson*

Licensed Embalmer No. 4884

P. O. Address Fredricksburg, Va.

**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.