FILED NOV 17 1970

DEPARTMENT OF PUBLIC HEALTH AND WELFARE – MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

CERTIFICATE OF DEATH

124

STATE FILE NUMBER 70-0046755

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 573

DO NOT WRITE ON THIS STUB

9. 1.
10a. 80
10b.
11. C
12. 2
13. 4409
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/70

4. 0941
5. 01

DECEASED

1. Maudie A. Meyers
2. Female
3. Oct. 30, 1970
4. White
5a. 80
5b. Years 9 Months 12 Days
5c. Hours Min.
6. Jan. 18, 1890
7a. St. Francois
7b. Bonne Terre
7c. yes
7d. Bonne Terre Hosp. 10 Lake
8. Missouri
9. U.S.A.
10. Widowed
11.
12.
13a. Housewife
13b.

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

14a. Missouri
14b. St. Francois
14c. Bonne Terre
14d. yes
14e. 217 W. Johnson

PARENTS

15. Father—Name: Andrew Revelle
16. Mother—Maiden Name: Harriet Revelle

17a. Informant—Name: Everett Meyers
17b. Mailing Address (Street or R.F.D. No., City or Town, State, Zip): Bonne Terre, Mo R.F.D. # 1

CAUSE

PART I. Death was caused by: (Enter only one cause per line for (a), (b), and (c))

18. Immediate cause
(a) Generalized arteriosclerosis. — Approximate interval between onset and death: ??
Due to, or as a consequence of:
(b)
Due to, or as a consequence of:
(c)

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last

PART II. Other significant conditions: Conditions contributing to death but not related to cause given in part I (a)

Atelectesis left lung.

19a. Autopsy (yes or no): No
19b. If yes were findings considered in determining cause of death:

20a. Accident, suicide, homicide, or undetermined (specify):
20b. Date of injury (month, day, year):
20c. Hour:
20d. How injury occurred (enter nature of injury in part I or part II, item 18):
20e. Injury at work (specify yes or no):
20f. Place of injury at home, farm, street, factory, office bldg., etc. (specify):
20g. Location (street or R.F.D. No., city or town, state):
20h. If deceased was female was there a pregnancy in last 90 days: ☐ yes ☒ no ☐ unk.

CERTIFIER

21a. Certification—Physician: I attended the deceased from Month Aug. Day 13 Year 1970 to 21b. Month Oct. Day 30 Year 1970
21c. And last saw him/her alive on Month Oct. Day 30 Year 1970
21d. I did/did not view the body after death: did not
21e. Death occurred at the hour: ____ M.
22a. Certification—Medical Examiner or Coroner: On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated. Hour of death: ____ M.
22b. The decedent was pronounced dead: Month ____ Day ____ Year ____ Hour ____ M.
23a. Certifier—Name (type or print): Edward E. Mardini, M.D.
23b. Signature: Edward E Mardini M.D. Degree or title:
23c. Date signed (month, day, year): Nov. 2, 1970
23d. Mailing address—Certifier: 30 N. Allen (Street or R.F.D. No.) Bonne Terre (City or Town) Mo. (State) 63628 (Zip)

BURIAL

24a. Burial, cremation, removal (specify): Burial
24b. Cemetery or crematory—Name: Marvin Chapel Ceme
24c. Location: Bonne Terre, Mo R.F.D. # 1
24d. Date (month, day, year): Nov. 2, 1970
25a. Funeral home—Name and address (street or R.F.D. No., city or town, state, zip): Murphy L. Sparks F. Home, Inc. Flat River, Mo 63601
25b. Funeral director—Signature: Murphy L Sparks
26a. Registrar—Signature: Esther Mathews
26b. Date received by local registrar: Nov. 2, 1970

Type or print in PERMANENT, BLACK INK. See handbook for instructions.

NOV 19 1970

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 [signature]

Licensed Embalmer No. 4356

P. O. Address [signature]

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.