

FILED FEB 2 1951

STANDARD CERTIFICATE OF DEATH

State File No. 482
Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5181

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) <u>Rural Applecreek</u>	c. LENGTH OF STAY (In this place) <u>Entire life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Applecreek)</u> 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west Oak Ridge</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles west Oak Ridge</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARSHALL</u>	b. (Middle) <u>WILLS</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25, 1951</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>widowed</u>	8. DATE OF BIRTH <u>Jan 20, 1873</u>	9. AGE (In years last birthday) <u>78</u>	# UNDER 1 YEAR Months	# UNDER 1 WEEK Days	# UNDER 1 MIN. Hours	# UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Raising</u>	11. BIRTHPLACE (State or foreign country) <u>near Oak Ridge Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Grover Wills</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Hinkle</u>	14. NAME OF HUSBAND OR WIFE <u>Trokey Crites Wills</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Richer</u>	ADDRESS <u>Oak Ridge Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>45:00</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremic Poison</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio sclerosis</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min) <u>1:20</u>	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 1949 Jan, 1949, to Jan 25, 1951, that I last saw the deceased alive on 1-25, 1951, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R.D. Blacklock M.D.</u>	(Degree or title)	23b. ADDRESS <u>Oak Ridge</u>	23c. DATE SIGNED <u>1-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 26, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Salem</u>	24d. LOCATION (City, town, or county) (State) <u>Daisy Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26-51</u>	REGISTRAR'S SIGNATURE <u>D. S. Seibert</u>	43	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Jackson</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0160

RECEIVED

JAN 30 1951

DISTRICT HEALTH OFFICE No. 0

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

Gene C. Cascraft

Signed.....
Student Embalmer

Licensed Embalmer No. *4327*

P. O. Address: *Richmon, 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 this body is not embalmed, fact should be so stated above.