

FILED JUL 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24184

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
d. FULL NAME OF HOSPITAL OR INSTITUTION 30 W. SCHOOL ST.		d. STREET ADDRESS (If rural, give location) 30 W. SCHOOL ST.	

3. NAME OF DECEASED (Type or Print)
a. (First) **REV. EFFIE** b. (Middle) **WILLS** c. (Last) **WILLS**
4. DATE OF DEATH (Month) (Day) (Year) **JULY 13, 1951**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED** 8. DATE OF BIRTH **MARCH 5, 1888** 9. AGE (In years last birthday) **63** (Under 1 year) (Month) (Day) **4 8** (Under 1 year) (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) **SEAMSTRESS** 10b. KIND OF BUSINESS OR INDUSTRY **RICE STIX FACTORY** 11. BIRTHPLACE (State or foreign country) **CAMPBELL MO** 12. CITIZEN OF WHAT COUNTRY? **U.S.A**

13a. FATHER'S NAME **JOHN FREEMAN** 13b. MOTHER'S MAIDEN NAME **AMANDA PILLOWS** 14. NAME OF HUSBAND OR WIFE **JOHN WILLS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give war or dates of service) **NONE** 16. SOCIAL SECURITY NO. **487-22-7031** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MARGARET WALTERS, CUBA MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of Stomach**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES (b) **Not known**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Not known**
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 **151X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mar 31, 1951**, to **July 13, 1951**, that I last saw the deceased alive on **July 13, 1951**, and that death occurred at **3:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **B. J. Mavity, Jr. DO** (Degree or title) 23b. ADDRESS **Bonne Terre - MO** 23c. DATE SIGNED **7/15/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **JULY 15, 1951** 24c. NAME OF CEMETERY OR CREMATORY **ST. FRANCOIS MEMO. PK.** 24d. LOCATION (City, town, or county) (State) **BONNE TERRE MO**

DATE REC'D BY LOCAL REG. **July 16, 1951** REGISTRAR'S SIGNATURE **Eather Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Benham Mills Bonne Terre, Mo.**

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

SEP 26 1951

File No. _____

DISTRICT HEALTH OFFICE No. 4

JUL 23 1951

RECEIVED

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 Clarence J. Claywell

Licensed Embalmer No. 3706

P. O. Address Connel Terve

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.