

18237

State File No. 10007

FILED JUL 11 1955

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY DeKalb			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Stanberry		c. LENGTH OF STAY (In this place) 3 Yrs		c. CITY OR TOWN Union Star		d. Is Residence within limits of a city incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Monroe Nursing Home				e. STREET ADDRESS (If rural, give location) 03201			
3. NAME OF DECEASED (Type or Print) Effie		a. (First) A.		c. (Last) Bills		4. DATE OF DEATH (Month) (Day) (Year) July 2 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 20, 1875	
				9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Windfield, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Francis A. Melcher		13b. MOTHER'S MAIDEN NAME Sarah Jane Klar		14. NAME OF HUSBAND OR WIFE William Bills			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Crystle Littauer Mineola, N.Y.			
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) Gastro intestinal Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) Undetermined II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 8 hrs. years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 578 X				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) m.		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 March 8, 1955 , to July 2, 1955 , that I last saw the deceased alive on July 2, 1955 , and that death occurred at 2:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE Albert L. Carlin		(Degree or title) M.D.		23b. ADDRESS Stanberry, Mo		23c. DATE SIGNED 7-6-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 5, 1955		24c. NAME OF CEMETERY OR CREMATORY Union Star		24d. LOCATION (City, town, or county) (State) Union Star, Missouri	
DATE REC'D BY LOCAL REG. July 5, 1955		REGISTRAR'S SIGNATURE Maudie Williams		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roland D. Clark King City, Mo			
(Licensed Embalmer's Statement on Reverse Side)							

(Licensed Embalmer's Statement on Reverse Side)

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.....

Roland H. Clark

Licensed Embalmer No. 44

P. O. Address King City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.