

FILED APR 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8282

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>	
c. LENGTH OF STAY (in this place) <b>1 Day</b>		d. STREET ADDRESS (If rural, give location) <b>809 Poplar Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>O'Reilly VA Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Willie</b>		b. (Middle) <b>L.</b>	
		c. (Last) <b>FARRELL</b>	
4. DATE OF DEATH <b>March 27, 1950</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>October 3, 1886</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-----</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Poultry Business</b>	11. BIRTHPLACE (State or foreign country) <b>Georgia</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>V. L. Farrell</b>	
13b. MOTHER'S MAIDEN NAME <b>Can Bishop</b>		14. NAME OF HUSBAND OR WIFE <b>Iena Farrell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW I</b>		16. SOCIAL SECURITY NO. <b>491-03-8824</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>O'Reilly VA Hospital Records, Springfield, Mo.</b> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cor pulmonale, acute</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Broncho pneumonia, suppurative, extensive, bilateral</b>			
DUE TO (c) <b>Bronchiectasis, saccular, extensive, bilateral.</b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 26, 1950</b> , to <b>March 27, 1950</b> , and that death occurred at <b>9:55P m.</b> , from the causes and on the date stated above.			
SIGNATURE <b>Paul L. Euselem</b> (Degree or title) <b>Chief of Professional Service</b>		23b. ADDRESS <b>O'Reilly VA Hospital Springfield, Missouri</b>	
23a. DATE SIGNED <b>3/28/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/30/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Park</b>	24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>
DATE REC'D BY LOCAL REG <b>3-29-50</b>	REGISTRAR'S SIGNATURE <b>W. Handley and #10</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. Lohmeyer Springfield, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Walter E. Hamels*

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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.