

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 274

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Farmington RURAL St. Francois	c. LENGTH OF STAY (in this place) 8Mo. 18Da	c. CITY (If outside corporate limits, write RURAL and give township) TOWN Joplin 0495	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION State Hospital No. 4, Farmington Mo.		d. STREET ADDRESS (If rural, give location) 829 West 4th Street 1	

3. NAME OF DECEASED (Type or Print) a. (First) CHURCHILL b. (Middle) BOLLING c. (Last) WILLIS	4. DATE OF DEATH (Month) (Day) (Year) August 9, 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 5, 1878	9. AGE (In years last birthday) 72	10. UNDER 1 YEAR Months 2	11. UNDER 1 YEAR Days 4	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chief Clerk	10b. KIND OF BUSINESS OR INDUSTRY DuPont Paint Co.	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME George Smith Willis	13b. MOTHER'S MAIDEN NAME Selina Jane Gibson	14. NAME OF HUSBAND OR WIFE Bessie Haralson West
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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) Unknown	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia - - - - -		INTERVAL BETWEEN ONSET AND DEATH 4 das.
	ANTECEDENT CAUSES DUE TO (b) Senility - - - - -		Unknown
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		491X6
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured surgical neck of left femur			8-19-50.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital Ward	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Farmington St. Francois Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 19, 1950	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Patient fell on the ward.

22. I hereby certify that I attended the deceased from Nov. 21, 1949, to Aug. 9, 1950, that I last saw the deceased alive on Aug. 9, 1950, and that death occurred at 2:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>John A. Brennan M.D.</i>	(Degree or title)	23b. ADDRESS Farmington State Hospital No. 4, Mo.	23c. DATE SIGNED Aug. 11, 1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. Aug. 12, 1950	REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Shepherd Funeral Home</i>	ADDRESS 1167 1/2 St. Louis, Mo. Hamilton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5940

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

AUG 22 1950

RECEIVED

AUG 23 1950

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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 me

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed W. S. DeGroot

Licensed Embalmer No. 4699  
P. O. Address St. Charles, 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.