

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12894

BIRTH NO.		REG. DIST. NO. 274	PRIMARY REG. DIST. NO. 3052	Registrar's No. 147
1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (In this place) 3 yrs.		c. CITY OR TOWN Sedalia
d. FULL NAME OF HOSPITAL OR INSTITUTION 1204 South Quincy		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) SHERWOOD		c. (Last) FADDIS
4. DATE OF DEATH		5. DATE OF BIRTH		
April 12, 1954		July 22, 1877		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired		10b. KIND OF BUSINESS OR INDUSTRY Stock Farm	11. BIRTHPLACE (City and State or Foreign Country) Audrain County, Mo. 0	12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Payton Faddis		13b. MOTHER'S MAIDEN NAME Susie Day		14. NAME OF HUSBAND OR WIFE Margaret Carter Faddis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give branch or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lewis Faddis, 3808 Hunter Des Moines, Iowa
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia. 36 hrs. INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES DUE TO (b) Carcinoma of the Rt. Antrum. 7-1-51 DUE TO (c) 160x II. OTHER SIGNIFICANT CONDITIONS Metastases - Pulmonary - Bilateral 3 mos. *Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION ?		19b. MAJOR FINDINGS OF OPERATION State Cancer Hospital. He was operated and given Radium at Columbia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.		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) None.		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 7-1-51, 19 to 4-12-54, 19, that I last saw the deceased alive on 4-12-54, 19, and that death occurred at 6:55 p.m. from the causes and on the date stated above.				
23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)		23b. ADDRESS Sedalia, Missouri.		23c. DATE SIGNED 4-14-54
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 4/14/54		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State) Sedalia, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE REC'D BY LOCAL REG. 4-14-54		REGISTRAR'S SIGNATURE d J Campbell 251-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Malone Burns Sedalia, Mo.

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

This man first came to seeme in July 1951 complaining of the right side of his nose and of not being able to breathe thru the same. He was referred to C.H. Brady, Sedalia, Missouri who in turn sent him to the Ellis Fischel Cancer Hospital at Columbia, Missouri. They were unable to make a diagnosis even after tissue was removed from his nose. At a secondary operation the diagnosis of Carcinoma was made and radium treatment given. He did not die with any of the treatment given and has been under my care only the last year.

*J. no. B. Calver M.D.
4-14-54*

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 *P. E. Baker*

Licensed Embalmer No. *2419*
P. O. Address *Sedalia*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.