S. No. 300
v. 10.48

GILLESPIE FUNERAL HOME

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

FILED JUN 18 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21443

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 237

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2308 East Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
d. STREET ADDRESS (If rural, give location): 2308 East Broadway

0804

3. NAME OF DECEASED (Type or Print)
a. (First): SNODE
b. (Middle): E.
c. (Last): PERCIVAL

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 8, 1900
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker
10b. KIND OF BUSINESS OR INDUSTRY: Mo. Pacific RR.
11. BIRTHPLACE (City and State or Foreign Country): Camdenton, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. E. Percival
13b. MOTHER'S MAIDEN NAME: Viola Carterman
14. NAME OF HUSBAND OR WIFE: Marjorie Gosney

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: Mrs. Dale Green, Jefferson City, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Left Lung. Febr. 6th 1956

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Old Duodenal Ulcer of 5 years.

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* None other. Please see other side.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: No operation. Medical only. 163x
20. AUTOPSY? YES ☐ NO ☒

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. 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* Febr. 1st, 1956, *to* June 11th 1956, *that I last saw the deceased alive on* June 11th 1956, *and that death occurred at* 7.50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jno. B. Carlisle, M.D. Jno. B. Carlisle M.D.
23b. ADDRESS: Sedalia, Missouri.
23c. DATE SIGNED: June 12th, 1956.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1956
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 6-13-56
REGISTRAR'S SIGNATURE: Lavina Coontz Deputy
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: D. W. Heckart - Sedalia, Mo.

251

(Licensed Embalmer's Statement on Reverse Side)

I saw this man the first time about February Ist, I956 and sent him to the Missouri Pacific Hospital for an examination. They made the diagnosis of Carcinoma of the Left Lung and they thought that the condition was inoperable. They sent him home for medical care. I have cared for him since.

Jno. B. Carlisle M.D.
Jno. B. Carlisle, M.D.
Sedalia, Missouri,
June I2th, I956.

JUN 22 1956

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 Russell C. Maag
Licensed Embalmer No. 4804
P. O. Address Sedalia, 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.