

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31621

State File No. _____

FILED OCT 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 363

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>34</u> <u>days</u>	c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hospital</u>		STREET ADDRESS (If rural, give location) <u>5th. and Park</u> 0804	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JULIUS</u>	b. (Middle) <u>ELDRED</u>	c. (Last) <u>CANNADAY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 14, 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Dermatologist</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Fayette, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Cannaday</u>	13b. MOTHER'S MAIDEN NAME <u>Etna Jane Vandeventer</u>	14. NAME OF HUSBAND OR WIFE <u>Lela M. Cannaday</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-36-7411</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lela M. Cannaday, Sedalia, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>	DUE TO (b) <u>Cerebrothromboses, multiple</u>		19. DATE OF OPERATION _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Generalized arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			21. MAJOR FINDINGS OF OPERATION <u>332x</u>	

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 Sept 10, 1954 to 28 Sept, 1956, that I last saw the deceased alive on 27 Sept, 1956, and that death occurred at 8:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl Diegel</u> (Date of sig) _____	23b. ADDRESS <u>1216 West 18th St. Sedalia, Mo.</u>	23c. DATE SIGNED <u>29 Sept 56</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-29-56</u>	REGISTRAR'S SIGNATURE <u>Larissa Combs Dept</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Durdebeckert, Sedalia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1956

NOV 14 1956

NOV 27 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.....
Signature of Student Embalmer

Signed *Russell C. Max*.....

Licensed Embalmer No. *486*.....

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.