

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1140

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 12

5

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 50 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. STREET ADDRESS 5331 Highland Ave.		3750	
3. NAME OF DECEASED (Type or Print) a. (First) PATRICK		b. (Middle) FOLEY	
c. (Last) FOLEY		4. DATE OF DEATH (Month) (Day) (Year) JAN. 2, 1950	
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH DEC. 21, 1881
9. AGE (in years) last birthday 69		10. UNDER 1 YEAR Months	11. UNDER 1 WEEK Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) IRELAND 4
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DANIEL FOLEY	
13b. MOTHER'S MAIDEN NAME NORA HUNT		14. NAME OF HUSBAND OR WIFE EMILY MURRAY FOLEY	
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 SISTER EMILIE, 5331 Highland		ADDRESS	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) Coronary Sclerosis about 18yr	
DUE TO (c) Hypertensive Heart Disease		about "	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
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 Oct 19 49, to Jan 2 19 50, that I last saw the deceased alive on Jan 2 19 50, and that death occurred at 2:10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE John T. Skinner (Degree or title)		23b. ADDRESS 1408 Bryant Bldg	
23c. DATE SIGNED 1/3/50		23d. LOCATION (City, town, or county) (State) K.C. Mo.	
24. BURIAL, CREMATION, REMOVAL, (Specify) BURIAL		24b. DATE 1-4-50	
24c. NAME OF CEMETERY OR CREMATORY St. Marys		24d. LOCATION (City, town, or county) (State) K.C. Mo.	
DATE REC'D BY LOCAL REG. 1-3-50		REGISTRAR'S SIGNATURE Geraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

**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 <sup>+</sup> *Forrest H. Caldwell*

Licensed Embalmer No. *7214*

P. O. Address *K.C. 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.