No. 300
10.48

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

FILED JAN 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40132

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY: clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs
c. LENGTH OF STAY (in this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Springs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs 0241
d. STREET ADDRESS (If rural, give location): Beyer Apartments

3. NAME OF DECEASED (Type or Print)
a. (First): ANNA
b. (Middle): WINFREY
c. (Last): FOLEY

4. DATE OF DEATH (Month) (Day) (Year): Dec. 18, 1950

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: April 21, 1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 7, Days 27 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk and cashier
10b. KIND OF BUSINESS OR INDUSTRY: Hall of Waters
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William H. Foley
13b. MOTHER'S MAIDEN NAME: Sallie B. Kidd
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---------
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Claude Bates, Excelsior Springs, 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 — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left heart failure.

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

DUE TO (b) Myocarditis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypostatic pneumonia.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4222
20. AUTOPSY? YES ☐ NO ☒

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) 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* March 31, *1946, to* Dec. 18, *1950, that I last saw the deceased alive on* Dec. 18, *1950, and that death occurred at* 11:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Baird MD
23b. ADDRESS: Excelsior Springs, Mo. 202 Thompson Avenue
23c. DATE SIGNED: 12-19-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 12-20-50
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs, Mo.

DATE REC'D BY LOCAL REG.: 12/20/50
REGISTRAR'S SIGNATURE: Maraline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Claude Pritchard Excelsior Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs, 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.