

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40709
5066

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5066</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) c. LENGTH OF STAY (in this place) <u>11 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>1214 Topping</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>M.</u> c. (Last) <u>Foley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 30 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 26, 1887</u>		9. AGE (In years last birthday) <u>65 69</u>		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) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Freeman, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Easter</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Ink</u>		14. NAME OF HUSBAND OR WIFE <u>Ruben P. Foley</u>			
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>490-30-4755</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruben P. Foley 1214 Topping K.C. Mo.</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension - over 6 yrs.?</u> DUE TO (c) <u>Arteriosclerosis, general?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) (Min.) _____		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 <u>July 14, 1948</u> , to <u>Nov. 30, 1950</u> , that I last saw the deceased alive on <u>Nov. 29, 1950</u> , and that death occurred at <u>1:30 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF <u>Dr. Stanley Mores</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Professional Bldg. 21512</u>		23c. DATE SIGNED <u>12-1-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Freeman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Freeman, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-1-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>		ADDRESS <u>North Kansas City, Missouri</u>	

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

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.....

John V. Henrich, Jr.
working under my personal supervision. Student Embalmer No. *393*.....

Signed *John V. Henrich, Jr.*
Student Embalmer

Signed *Gleason H. Hill*
Licensed Embalmer No. *4586*
P. O. Address *Concord, 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.