

FILED JUL 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23345

State File No. \_\_\_\_\_

Registrar's No. 251

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Raytown</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Raytown</b>	
c. LENGTH OF STAY (In this place) <b>45 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>9401 E. 63rd. St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home - 9401 E. 63rd. St.</b>			
3. NAME OF DECEASED a. (First) <b>James</b> b. (Middle) <b>E.</b> c. (Last) <b>FOLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 11, 1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 6, 1902</b>
9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>5</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auditor - Lee Bradley Linolium Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Leavenworth, Kansas</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Foley</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Monahan</b>	
14. NAME OF HUSBAND OR WIFE <b>Zelma M. Foley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>511-10-2488</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Zelma M. Foley, 9401 E. 63rd. St.</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion (massive)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 min.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary disease</b>		<b>8 years</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4201</b>	
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) <b>RAYTOWN JACKSON MO</b>			
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 <b>7-11-1951</b> , to <b>7-11-1951</b> , that I last saw the deceased alive on <b>7-11-1951</b> , and that death occurred at <b>5:40 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>McEubank</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>Raytown, Mo</b>	
23c. DATE SIGNED <b>7-11-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7-13-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>July 12-1951</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>354</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Lyall</b>		ADDRESS <b>1800 Linwood, K.C., Mo.</b>	

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

APR 24 1957

JUL 25 RECD

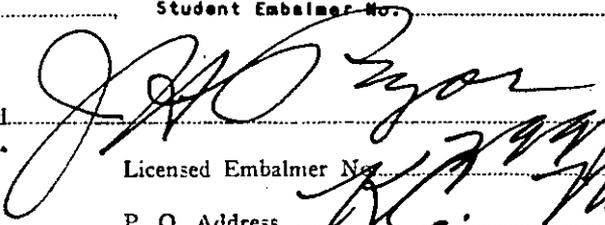
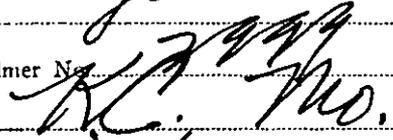
JUL 25 1957

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  Licensed Embalmer No. P. O. Address 

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.