

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 16 1951

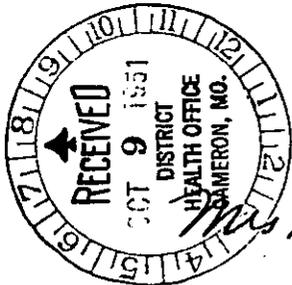
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Parkville. Platte</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Parkville Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>302 West St.</u>		d. STREET ADDRESS (If rural, give location) <u>302 West St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>(None)</u> c. (Last) <u>Foley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 26 - 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>June 16 1864</u>
9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	IF UNDER 11 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. man.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>R.R. Truck</u>	11. BIRTHPLACE (State or foreign country) <u>Kickapo Kansas</u>	
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME <u>Don't Know</u>		
	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>		14. NAME OF HUSBAND OR WIFE <u>Lillian Foley.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Specify or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. Fred Russell</u> ADDRESS <u>Parkville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Gastric ulcer</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Atherosclerosis</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>5400</u>		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) (Minute)	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>Nov</u> , 19 <u>49</u> , to <u>Sept</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Sept 20</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. F. Mullins M.D.</u> (Degree or title)		23b. ADDRESS <u>402 S. 1st St. Msc No</u>	23c. DATE SIGNED <u>9/28/51</u>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>Sept 29-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 29-51</u>	REGISTRAR'S SIGNATURE <u>Ophelia R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leland H. ...</u> ADDRESS <u>Parkville Mo</u>	



*Mrs Buelah Kitchen  
503 East 28th St  
NKC.*

*Dr. Mullins*

**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, ~~of~~.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Leland G. Francis*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville, 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.