

FILED NOV 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37281

State File No. 4722

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) Kansas City		c. LENGTH OF STAY (In this place) 63 years		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS (If rural, give location) 3221 Karnes Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) ELMER		b. (Middle) J		c. (Last) FOLEY		
4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1951		5. SEX Male		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1876		9. AGE (In years last birthday) 75		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired--Insurance Broker		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Edina, Missouri		
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Thomas Foley		13b. MOTHER'S MAIDEN NAME Mary Connell		
14. NAME OF HUSBAND OR WIFE Lucille 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 Mrs Lucille Foley		ADDRESS 3221 Karnes Blvd				
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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) 2. Probably Hypertension and fracture base of skull due to the apoplexy		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS— Conditions contributing to the death but not related to the disease or condition causing death.		331X				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson mo.		
21d. TIME OF INJURY (Month) (Day) (Year) 10-30-51		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell down stairs at home		
22. I hereby certify that I attended the deceased from Jan 1 , 1951, to 10 31 , 1951, that I last saw the deceased alive on 10 31 , 1951, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE J. S. Bourke		23b. ADDRESS M.D. 1207 Riata Bldg. K.C. Mo		23c. DATE SIGNED 11-3-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 5 1951		24c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery		
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE 1901 Robin Co 20 West Linwood				
DATE REC'D BY LOCAL REG. 11-6-51		REGISTRAR'S SIGNATURE Sheraldine Holmes				

WRITE PLAINLY—USING UNFADEING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Forrest D. Goldenow*

Licensed Embalmer No. *4714*

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.