

FILED NOV 9 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35053

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1141

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> | |
| b. CITY OR TOWN <u>St. Joseph</u> | c. LENGTH OF STAY (In this place) <u>13 days</u> | c. CITY OR TOWN <u>Rural-Monroe Twsp.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>5 miles Southeast of Gallatin</u> | |

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|-------------------------------------|--------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>GEORGE</u> | b. (Middle) <u>ERNEST</u> | c. (Last) <u>FOLEY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1953</u> |
|-------------------------------------|--------------------------|---------------------------|------------------------|--|

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|--------------------|-------------------------------|--|---------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>Oct. 13, 1883</u> | 9. AGE (In years last birthday) <u>70</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Mins. _____ |
|--------------------|-------------------------------|--|---------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Elijah M. Foley</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Ramsbottom</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Foley, Tacoma, Washington</u> | ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>2nd & 3rd Degree Burns, Legs & Abdomen</u> | | <u>13 days</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pneumonia</u> | | <u>3 days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>E9161</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMEIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Gallatin Daviess 031 Missouri</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 13, 1953 P.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Accidental fire,</u> |
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22. I hereby certify that I attended the deceased from Oct 13, 1953, to Oct 25, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 5:20A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____ | 23b. ADDRESS <u>902 Edmond St., City</u> | 23c. DATE SIGNED <u>10-25-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct 27, 1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lick Fork Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Gallatin, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Nov. 2, 1953</u> | REGISTRAR'S SIGNATURE <u>Retha M. Allison</u> | 485 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>St. Joseph, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Emma Clark

Licensed Embalmer No. 4338

P. O. Address St. Joseph

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.