FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30581

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4197

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 18 WEST 59TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): LEO
c. (Last): FOGARTY

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 30 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED
8. DATE OF BIRTH: JAN 28 1909
9. AGE (In years last birthday): 45 — 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): EMPLOYEE STOCK ROOM
10b. KIND OF BUSINESS OR INDUSTRY: GREETING CARDS HALL BROTHERS
11. BIRTHPLACE (City and State or Foreign Country): ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JAMES L. FOGARTY
13b. MOTHER'S MAIDEN NAME: HELENA C. FOLDOFF
14. NAME OF ~~HUSBAND OR~~ WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): ....
16. SOCIAL SECURITY NO.: 486-10-2977
17. INFORMANT'S SIGNATURE OR NAME: GEORGE E. FOGARTY — ADDRESS: ALBUQUERQUE N.M.

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Intertrochanteric fracture of rt hip	2 days
ANTECEDENT CAUSES — DUE TO (b)	Diabetic acidosis (cond)	2-3 hrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		E9054

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, mine, etc.): Tennis court
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kansas City Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-28-54 4:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Patient fell and fractured hip playing tennis

22. *I hereby certify that I attended the deceased from* Jan, 1952, *to* Aug 30, 1954, *that I last saw the deceased alive on* Aug 30, 1954, *and that death occurred at* 9:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. W. Johnson, Jr., M.D.
23b. ADDRESS: 231 W 47 SD
23c. DATE SIGNED: 8-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
24b. DATE: SEPT 2 1954
24c. NAME OF ~~CEMETERY OR~~ CREMATORY: D.W. NEWCOMER'S SONS
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 9-2-54
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO.

(Licensed Embalmer's Statement on Reverse Side)

E. W. Johnson, Jr. MD

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.