

FILED MAY 9 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **12282**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5568		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give town) Courtney		c. LENGTH OF STAY (in this place) Min.		c. CITY OR TOWN Liberty		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Railroad Crossing				STREET ADDRESS (If rural, give location) R.R.# 3			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Clay		c. (Last) Foley		4. DATE OF DEATH (Month) (Day) (Year) April 24, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3		8. DATE OF BIRTH December 17, 1921	
9. AGE (in years last birthday) 33		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Varried		9. AGE (in years last birthday) 33 if UNDER 1 YEAR Months 4 Days 7 Hours Min.	
11. BIRTHPLACE (City and State or Foreign Country) Clay County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Luther Foley		13b. MOTHER'S MAIDEN NAME Hazel Corum	
14. NAME OF HUSBAND OR WIFE Not Married		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 487-16-8456		17. INFORMANT'S SIGNATURE OR NAME Luther Foley 411 Fairview, Liberty, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Crushed Skull		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8100 27							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Post Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident RT tracks		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) RT tracks		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Liberty Clay Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4:24 55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Trains struck at track			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
22a. SIGNATURE Hugh H. Queen Carter (Degree or title) 3				23b. ADDRESS 1034 Pratts Bluffs		23c. DATE SIGNED 4-25-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE APRIL 24, 1955		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) LIBERTY, MISSOURI	
DATE REC'D BY LOCAL REG. Apr. 24-1955		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Church Anchor Co. Liberty, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 28 1951

MAY 17 1951

MAY 8 1951

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.....
Signature of Student Embalmer

Signed..... *Harold H. Smith*

Licensed Embalmer No. *457*

P. O. Address *Liberty*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.