

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39698

State File No.

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1333

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>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>54 Yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>912 So. 12th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>912 So. 12th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>H.</u> c. (Last) <u>FOGARTY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 14, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Feb. 24, 1875</u>		9. AGE (In years last birthday) <u>80</u>		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) <u>Retired Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Groceryman</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield, Mo.</u>	
13a. FATHER'S NAME <u>Michael Fogarty</u>				13b. MOTHER'S MAIDEN NAME <u>Ann Burn</u>	
14. NAME OF HUSBAND OR WIFE <u>Goldie Fogarty</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Fogarty, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Under</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) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 Sept 1953, 1953, to 12-14, 1955, that I last saw the deceased alive on 12-14, 1955, and that death occurred at 7:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clement P. Kelly M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>12-17-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Ceme.</u>	
24d. LOCATION (City, town, or county) <u>St. Joseph, Mo.</u>		24e. (State)			

DATE REC'D BY LOCAL REG. <u>Dec 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		55. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barnes Funeral Home, 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.....
Signature of Student Embalmer

Signed.....
Eric J. Chang

Licensed Embalmer No. *461*

P. O. Address *St. Jos.*

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.