

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30756

STATE FILE NUMBER

FILED SEP 21 1956

Registration District No. 149 Primary Registration District No. 10 02 Registrar's No. 3791

Health, Welfare, Public Hygiene

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph A. Fogarty

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Little Sisters			Length of stay in lb 66 years	d. STREET ADDRESS (If outside, give location) 5331 Highland	
3. NAME OF DECEASED (Type or print) First John Middle M. Last Hoile			4. DATE OF DEATH Month Aug. Day 26 Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 30, 1873	9. AGE (In years last birthday) 82 years	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired service man Bell Telephone			10b. KIND OF BUSINESS OR INDUSTRY Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Hoile			14. MOTHER'S MAIDEN NAME M. Schell		
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 Address Good Mother, Little Sisters Home		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension					20 hrs
DUE TO (c) Atherosclerosis					33 1/2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>3/19/56</u> to <u>8/26/56</u> and last saw ^{her} him alive on <u>8/25/56</u> . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph A. Fogarty M.D.			22b. ADDRESS 5811 Truman Rd K. 626 Mo	22c. DATE SIGNED 8/28/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 29, 1956	23c. NAME OF CEMETERY OR CREMATORY Floral Hills		23d. LOCATION (City, town, or county) (State) Hickman Mills, Mo.
24. FUNERAL DIRECTOR ADDRESS Thomas E. Quirk 4316 Troost Ave.		25. DATE RECD. BY LOCAL REG. 8-29-56	26. REGISTRAR'S SIGNATURE Heva Minshall		

(Licensed Embalmer's Statement on Reverse Side)

