

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43519**

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1411	
1. PLACE OF DEATH a. COUNTY Buchanan b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph, Mo. c. LENGTH OF STAY (in this place) 3 days d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Doniphan c. CITY OR TOWN Bendena, Ks. d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Bendena, Kansas RR#1			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Foley c. (Last) Foley			4. DATE OF DEATH (Month) (Day) (Year) 12/16/57				
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6/19/1900	
9. AGE (In years last birthday) 57		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Kansas, Atchison		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Slattery			13b. MOTHER'S MAIDEN NAME Nora Finnigan		14. NAME OF HUSBAND OR WIFE Frank Foley		
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'S SIGNATURE OR NAME ADDRESS Frank Foley Bendena, Kansas			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pseudomembranous enterocolitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction DUE TO (c) Volvulus II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia, normocytic				INTERVAL BETWEEN ONSET AND DEATH 5h 5d 5d 5703	
19a. DATE OF OPERATION 13 Dec 57		19b. MAJOR FINDINGS OF OPERATION Volvulus - Intestinal Obstruction				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 13 Dec , 19 57 , to Death, 19 57 , that I last saw the deceased alive on 15 Dec , 19 57 , and that death occurred at 1:35 AM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Emerson Joder M.D.				23b. ADDRESS Benton Kansas		23c. DATE SIGNED 16 Dec 57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/16/57		24c. NAME OF CEMETERY OR CREMATORY St. Benedict's		24d. LOCATION (City, town, or county) (State) Bendena, Kansas	
DATE REC'D BY LOCAL REG. 12-20-57		REGISTRAR'S SIGNATURE Mrs. Robert Fulton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Laurin Jger Atchison, Kan.			

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.....
Licensed Embalmer No. 432
P. O. Address.....

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.