S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33030
State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1092

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH /
c. LENGTH OF STAY (In this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1512 S. 12TH

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: BUCHANAN //
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
d. STREET ADDRESS (If rural, give location): 1512 S. 12TH

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) EDWARD c. (Last) FOLEY
4. DATE OF DEATH (Month) (Day) (Year): OCT. 7TH, 1949
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED /
8. DATE OF BIRTH: OCT. 11, 1876
9. AGE (In years last birthday): 72 — 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): GUARD-WADSWORTH FACILITY
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ATLANTIC, IOWA /
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: ANDREW FOLEY
13b. MOTHER'S MAIDEN NAME: CHARLOTTE ELLEN EVANS
14. NAME OF HUSBAND OR WIFE: LUCY FOLEY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): SPANISH-AMERICAN
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S SIGNATURE OR NAME: LUCY FOLEY ADDRESS

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Renal Insufficiency — 1 week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 410X

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

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 1, 1947, *to* Oct 7th, 1949, *that I last saw the deceased alive on* Oct 7th, 1949, *and that death occurred at* 9:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. F. Mundy M.D. (Degree or title)
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 10/8/49
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 10-7-49
24c. NAME OF CEMETERY OR CREMATORY: GOVERNMENT CEMETERY
24d. LOCATION (City, town, or county) (State): FT. LEAVENWORTH, KAN.
DATE REC'D BY LOCAL REG.: Oct. 12, 1949
REGISTRAR'S SIGNATURE: E. L. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Wm. S. Stanton Jr. ADDRESS: Atchison Kan

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1949

OCT 1 0 1949

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.

Signed Wm Stanton Jr.

Signed _____
Student Embalmer

Licensed Embalmer No. 3778

P. O. Address Atkinson, Ka

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