

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2074

State File No. _____

FILED JAN 13 1950

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4428 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Weston</u> <u>0830</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earl</u>		b. (Middle) <u>Wesley</u>	
c. (Last) <u>Foley</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-1-50</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-14-90</u>
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate & Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Weston, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Andrew B. Foley</u>		13b. MOTHER'S MAIDEN NAME <u>Dora A. Seever</u>	
14. NAME OF HUSBAND OR WIFE <u>Lilliewood Kyle</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 <u>Mrs. Earl W. Foley</u>		ADDRESS <u>Weston, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, (left side and tongue paralysis)</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension & chronic myocarditis 5 yrs</u> DUE TO (c) <u>XXXXXXXXXX</u> II. OTHER SIGNIFICANT CONDITIONS <u>Coronary occlusion</u> 10 mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>XXX</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>XXX</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>XXX</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>XXX</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>XXXX</u>			
22. I hereby certify that I attended the deceased from <u>Apr. 15</u> , 1949, to <u>Jan. 1</u> , 1950, that I last saw the deceased alive on <u>Jan. 1</u> , 1950, and that death occurred at <u>11 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE: <u>Lewis C. Calvert M.D.</u> (Degree or title)		23b. ADDRESS <u>Weston, Missouri</u>	
23c. DATE SIGNED <u>1/3/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Bethel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Platte Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-3-50</u>		REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughn Funeral Home</u>		ADDRESS <u>Weston Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

830

RECEIVED

JAN 10

District Health Officer No. 8,

District File Number.....

Date Filed 1-12-50.....

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
Student Embalmer

Signed

W. R. Vaughn

Licensed Embalmer No.

4023

P. O. Address

Weston, Mo.

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.