

FILED NOV 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37366

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 460

100

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

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>43</u>		1001	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>217 PARKER AVE</u>		d. STREET ADDRESS (If rural, give location) <u>217 PARKER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAM</u>	b. (Middle) <u>(NMN)</u>	c. (Last) <u>FOLEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1952</u>
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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>APRIL 24, 1890</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>MANAGER Milner Hotels - HOTEL</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HAYTI, MISSOURI</u>	11. BIRTHPLACE (State or foreign country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES WILLIAM FOLEY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY FRANCES JONES</u>	14. NAME OF HUSBAND OR WIFE <u>IRIS ASHLEY FOLEY</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-16-2619</u>	17. INFORMANT'S SIGNATURE OR NAME <u>IRIS ASHLEY FOLEY-CHAFFEE, Mo.</u>	ADDRESS <u></u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Hemorrhage</u>		<u>1 year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Cardio Vascular Renal Disease</u>		<u>1 1/2 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Disease</u>		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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4201</u>
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22. I hereby certify that I attended the deceased from Nov 3, 1952, to Nov 6, 1952, that I last saw the deceased alive on Nov 6, 1952, and that death occurred at 20 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Downey, M.D.</u> (Degree or title)	23b. ADDRESS <u>Box 105, Chaffee, Mo.</u>	23c. DATE SIGNED <u>11/7/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 8, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CHAFFEE, (SCOTT) MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>11-8-52</u>	REGISTRAR'S SIGNATURE <u>Mo. Fred Bioplylor</u>	445-C	25. FUNERAL DIRECTOR'S SIGNATURE <u>L.C. Bioplylor-Chaffee, Mo.</u>	ADDRESS <u></u>
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RECEIVED **NOV 10 1952**
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1152-308

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Jack J. Burnett

Signed.....
Student Embalmer

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.