

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39039**
Registrar's No. **5408**

FILED DEC 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5408</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 14 yrs.		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Kansas City		3748 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home - 5112 Baltimore				d. STREET ADDRESS (If rural, give location) 5112 Baltimore					
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Jeffries		c. (Last) FOLEY		4. DATE OF DEATH (Month) (Day) (Year) Nov, 13, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 16 1876		9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Dalton City, Ill.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Wm. Pettit		13b. MOTHER'S MAIDEN NAME Adalide L. Wright		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 Mary M. Foley, 5112 Baltimore, Kc, Mo.					
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) ADDISON'S DISEASE				nov 7. B.				8 yrs.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
DUE TO (b) _____ DUE TO (c) _____									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				CARDIAC DECOMPENSATION				10 DAYS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>July</u> , 1951, to <u>Nov. 13</u> , 1953, that I last saw the deceased alive on <u>Nov. 13</u> , 1951, and that death occurred at <u>11:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE George K. Landis (Degree or title)						23b. ADDRESS 1630 Professional Bldg.		23c. DATE SIGNED 11/15/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-16-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) K.C., Mo.		(State)	
DATE REC'D BY LOCAL REG. 11-16-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mollody-McGilley-Eylar, 1800 Linwood, KC, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

~~Dr. Landis, Prof. Bldg., Vl. 1643
Noon til 4 P.M. Sat.
11 A.M. til 4 P.M. Mon.~~

Foley

24707 W 75/100

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 _____

James E. Hackleman

Licensed Embalmer No. 4573

P. O. Address Ke. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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