

FILED APR 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12054
1539

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2947 COLORADO</u>				e. STREET ADDRESS (If rural, give location) <u>2947 COLORADO</u> <u>3358</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOCIA</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>FOLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>A PRIL 5, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug. 13, 1904</u>		9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAB. TECHNICIAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LAKE CITY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>COOPER COUNTY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SHERMAN CHENAULT</u>		13b. MOTHER'S MAIDEN NAME <u>MOLLIE CHRISMAN</u>		14. NAME OF HUSBAND OR WIFE <u>DELL W. FOLEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>486-01-2477</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DELL W. FOLEY 2947 COLORADO, K.C.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>Carcinoma, metastatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Primary carcinoma undetermined</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>one yr.</u> <u>1998'</u>	
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) m.		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 <u>Feb. 1, 1954, to March 5, 1954</u> , that I last saw the deceased alive on <u>March 5, 1954</u> , and that death occurred at <u>9⁰⁰ A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Slentz</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>315 Nichols Rd., N.E. Mo</u>		23c. DATE SIGNED <u>4/5/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>APRIL 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Copp Chapel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>WOOLDRIDGE, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>4.6.54</u>		REGISTRAR'S SIGNATURE <u>Sheldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Blackman</u>		ADDRESS <u>San 2nd St. S.E. Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 *W.C. Rain*.....

Licensed Embalmer No. *487*.....

P. O. Address *A.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.