

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5273

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. LENGTH OF STAY (in this place) **Life**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Mary Rest Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Kansas City**

d. Is Residence within limits of a city or incorporated town? Yes No

STREET ADDRESS (If rural, give location) **3215 Campbell**

3. NAME OF DECEASED (Type or Print)

a. (First) **MARYL** b. (Middle) **ARDELL** c. (Last) **FOY**

4. DATE OF DEATH (Month) (Day) (Year) **11 14 54**

5. SEX **Fe** 6. COLOR OR RACE **Wh** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **9-5-1871** 9. AGE (In years last birthday) **83** 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) **housewife**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (City and State or Foreign Country) **Kansas City, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John C. Godley** 13b. MOTHER'S MAIDEN NAME **Victoria Reno** 14. NAME OF HUSBAND OR WIFE **Angus J. Foy**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **John D. Foy, 6615 Brooklyn, KC Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arteriosclerotic Heart Disease**

ANTECEDENT CAUSES DUE TO (b) **Generalized Atherosclerosis** year **year**

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS **Bronchopneumonia before** **1 wk**

Conditions contributing to the death but not related to the disease or condition causing death.

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) _____ 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 9/24, 1954 to Nov 14, 1954, that I last saw the deceased alive on Nov 6, 1954, and that death occurred at 2:30 m., from the causes and on the date stated above.

23a. SIGNATURE **Wm. H. Goodson Jr.** (Degree or title) **MD** 23b. ADDRESS **730 Prof 139 Kansas City, Mo** 23c. DATE SIGNED **11/15/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **11-16-1954** 24c. NAME OF CEMETERY OR CREMATORY **Mt. St. Mary's** 24d. LOCATION (City, town, or county) (State) **Kansas City Mo.**

DATE REC'D BY LOCAL REG. **11-15-54** REGISTRAR'S SIGNATURE **neva minshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wagner Funeral Home, KC Mo.**

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

