

FILED APR 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8207

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1189

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>47 yrs.</b>		STREET ADDRESS (If rural, give location) <b>6165 Cherry</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6165 Cherry</b>		<b>030</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOSEPH</b>	b. (Middle) <b>J.</b>	c. (Last) <b>FOLEY</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>3 16 55</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 7, 1899</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>De Feo Produce Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Stilwell, Kansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Foley</b>	13b. MOTHER'S MAIDEN NAME <b>Bridget McCluskey</b>	14. NAME OF HUSBAND OR WIFE <b>Marv A. Foley</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>487-12-2394</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary A. Foley</b>	ADDRESS <b>6165 Cherry-Kansas City, Mo.</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ca. of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>15 hr.</b>
	ANTECEDENT CAUSES Morbid 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. <b>Coronary artery atherosclerosis Myocardial damage.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 10, 1954**, to **Mar 16, 1955**, that I last saw the deceased alive on **Mar 15, 1955**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh A. Vestring</b> (Degree or title)	23b. ADDRESS <b>1220 E 31st</b>	23c. DATE SIGNED <b>3-16-55</b>
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24a. BURIAL / CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/19/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas.</b>
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DATE REC'D BY LOCAL REG. <b>3-16-55</b>	REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>	ADDRESS <b>Kansas City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. J. L. ...  
1220 E. 31  
72. 6400  
11 to 3

Hueb

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 *James E. Harrell*

Licensed Embalmer No. 457

P. O. Address H. C. N.

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.