

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17387**
2309

FILED **MAY 21 1953** REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2309**

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

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, MO/ North		c. CITY OR TOWN Kansas City, MO	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 ON A.S.B. Bridge, Kans City,		e. STREET ADDRESS (If rural, give location) 930, Tracy	
3. NAME OF DECEASED (Type or Print) a. (First) Mable b. (Middle) c. (Last) Grider		4. DATE OF DEATH (Month) (Day) (Year) May, 2, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1931
9. AGE (In years last birthday) 21		10. MONTHS 1	11. HOURS 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY, KS. 1
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Warren Hontz	
13b. MOTHER'S MAIDEN NAME MARY PEIFFERY		14. NAME OF HUSBAND OR WIFE Bedford Grider	
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. 500-28-2372	
17. INFORMANT'S SIGNATURE OR NAME Mrs William Richardson,		ADDRESS 3118, East 9th K.C. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & chest injuries, multiple fractures INTERVAL BETWEEN ONSET AND DEATH 28 1/4 26	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2 Car accident		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		123	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) A.S.B. Bridge	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) K.P. North Clay Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-2-53 1:15A. m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 2 car collision			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE D. S. Pate <i>D. S. Pate M.D. Coroner</i>		23b. ADDRESS North Kansas City Mo.	
23c. DATE SIGNED 5/2/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-3-53	
24c. NAME OF CEMETERY OR CREMATORY --		24d. LOCATION (City, town, or county) (State) Carrollton, Mo.	
DATE REC'D BY LOCAL REG. 5-4-53		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer		ADDRESS North K.C. Mo.	

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 *Glen D. Hill*

Licensed Embalmer No...458...

P. O. Address...K.S. Mo. 7mo.

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.