

t. Health,
& Welfare
S. Public
th Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

78-011041
STATE FILE NUMBER

FILED MAR 27 1958

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 14

S. 300
v. 1-57
830
4

1. PLACE OF DEATH a. COUNTY Platte		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) Weston		c. CITY OR TOWN Edgerton	
c. FULL NAME OF (If NOT in hospital, give location) Heaven of Rest Home		d. STREET ADDRESS (If outside, give location) ✓	
Length of stay in 1b 4 mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First James Middle Grady Last Grady			4. DATE OF DEATH Month March Day 18 Year 1958		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 11, 1867	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Platte Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Todd Grady	13b. MOTHER'S MAIDEN NAME Mary Masoner	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT Maurine Grady	Address Edgerton, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gangrene toes, left foot		INTERVAL BETWEEN ONSET AND DEATH 2 Months
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio sclerosis	4501	5-6 yrs.
	DUE TO (c) XXXXXXXXXX		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Potential gangrene in other foot & toes	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT SUICIDE HOMICIDE XXXXXXXXXXXX	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) XXXXXXXXXXXX
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20c. TIME OF INJURY Hour XXXXXX Month XXXXXX Day XXXXXX Year XXXXXX p.m. XXXXXX a.m. XXXXXX	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXX	20f. CITY, TOWN, OR LOCATION Weston	COUNTY Platte county	STATE Missouri
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) XXXXXXXXXXXX	20f. CITY, TOWN, OR LOCATION Weston	COUNTY Platte county	STATE Missouri
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21. I attended the deceased from Jan. 9, 1958 to March, 18, 58 and last saw her alive on March, 10, 1958 Death occurred at 6.00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lewis C. Colbert (Degree or title) M.D.	22b. ADDRESS Weston, Missouri	22c. DATE SIGNED 3/20/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/20/1958	23c. NAME OF CEMETERY OR CREMATORY Union Mill Cemetery	23d. LOCATION (City, town, or county) (State) Edgerton, Missouri
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24. FUNERAL DIRECTOR Rollins - Neal	ADDRESS Edgerton, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 20-58	26. REGISTRAR'S SIGNATURE Alpha Rollins
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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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 *V. L. Ray M.oney*

Licensed Embalmer No. *4776*

P. O. Address *K. O. M. o.*

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.