

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36455

State File No. ....

FILED DEC 13 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 147

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.  
 c. LENGTH OF STAY (In this place) 1 yr. 5 mo. 5  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp. Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Jackson  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 3028 Kansas City  
 d. STREET ADDRESS (If rural, give location) 514 1/2 Main

3. NAME OF DECEASED  
 a. (First) Robert b. (Middle) Grady c. (Last) Grady  
 4. DATE OF DEATH Nov. 20, 1950 (Month) (Day) (Year)

5. SEX male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced  
 8. DATE OF BIRTH July 17, 1892 9. AGE (In years last birthday) 58 IF UNDER 1 YEAR Months Days IF UNDER 1 HRA. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer  
 10b. KIND OF BUSINESS OR INDUSTRY --  
 11. BIRTHPLACE (State or foreign country) Edgerton, Missouri  
 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James A. Grady 13b. MOTHER'S MAIDEN NAME Anna Bell Smith 14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I  
 16. SOCIAL SECURITY NO. 496078656  
 17. INFORMANT'S SIGNATURE OR NAME Hospital Records, Veterans Administration Hospital, Excelsior Springs, Missouri ADDRESS

18. CAUSE OF DEATH  
 Enter only one cause per line for (a), (b), and (c)  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary tuberculosis, active  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving DUE TO (b) \_\_\_\_\_ 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 Unknown

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 June 16, 1949, to Nov. 20, 1950, that I pronounced the deceased ~~dead~~ dead, and that death occurred at 1:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE ROY K. SMITH, Roy Smith (Degree or title) M.D. 23b. ADDRESS Excelsior Springs, Missouri 23c. DATE SIGNED 11/20/50

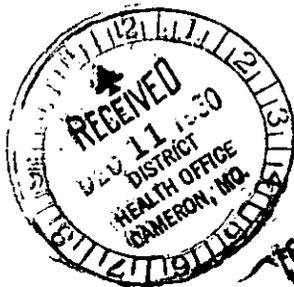
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove 24b. DATE 11/20-1950 24c. NAME OF CEMETERY OR CREMATORY -- 24d. LOCATION (City, town, or county) (State) Kansas City Mo

DATE REC'D BY LOCAL REG. 11/20/50 REGISTRAR'S SIGNATURE Caroline Hutchings 25. FUNERAL DIRECTOR'S SIGNATURE Hope Simil Home ADDRESS Ex Springs Mo

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—MAKE A PERMANENT RECORD

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MAR 7 1930

**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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James A. Mober*  
Licensed Embalmer No. *3296*

P. O. Address *Exp Springs 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 this body is not embalmed, fact should be so stated above.