S. No. 300
. 10.48

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40733

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5192

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 5 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RESEARCH HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LIVINGSTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CHILLICOTHE 0597
d. STREET ADDRESS (If rural, give location): 1020 ELM STREET

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): M
c. (Last): GRACE

4. DATE OF DEATH (Month) (Day) (Year): DEC. 8-1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: OCT. 23-1889
9. AGE (In years last birthday): 61
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): PHYSICIAN - M.D.
10b. KIND OF BUSINESS OR INDUSTRY: MEDICAL
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: HAYNE GRACE M.D.
13b. MOTHER'S MAIDEN NAME: ANNA HUNT
14. NAME OF ~~HUSBAND OR~~ WIFE: FRANCES K. GRACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: FRANCES K. GRACE
ADDRESS: CHILLICOTHE, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 3rd° Burns
DUE TO (c) Auto + truck

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: 054
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Waverly Lafayette Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 1 - 50 - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR: Automobile (Gas tank Explosion)

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 7:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE: J. C. Montgomery M.D. (Degree or title)
23b. ADDRESS: Prof. Bldg.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: DEC. 9-1950
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): CHILLICOTHE, MISSOURI

DATE REC'D BY LOCAL REG.: 12-9-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D.W. Newcomer's Sons
ADDRESS: 1331 BRUSH CREEK BLVD. KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1953

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 Robert E. Herron, working under my personal supervision.

Student Embalmer No. 394

Signed Robert E. Herron
Student Embalmer

Signed John E. Froking

Licensed Embalmer No. 4483

P. O. Address Kansas City, 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.