

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14293

FILED MAY 8 1953

State File No. 2053

|   |  |  |  |  |   |   |  |  |
|---|--|--|--|--|---|---|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>  |  | PRIMARY REG. DIST. NO. <u>1002</u>   |   | Registrar's No. _____   |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |   |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |  | c. LENGTH OF STAY (In this place) <u>50 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>  |   |   |  |  |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>3045 Forest</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>3045 Forest</u>   |   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>HENRY</u>  |  |  | b. (Middle) <u>C.</u>                            |  | c. (Last) <u>GRIDER</u>   |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>4 16 1953</u>                                  |  |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  |  | 8. DATE OF BIRTH <u>May 24, 1887</u>   |   | 9. AGE (In years last birthday) <u>65</u>                             | IF UNDER 1 YEAR Months _____ Days _____  | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>De Witt, Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME <u>Arch Grider</u>   |  |  | 13b. MOTHER'S MAIDEN NAME <u>Emma Rapley</u>     |  | 14. NAME OF HUSBAND OR WIFE <u>Daisy Grider</u>                             |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |  | 16. SOCIAL SECURITY NO. <u>495-09-1470</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DAISY GRIDER 3045 FOREST</u>  |   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho pneumonia</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>(c) Parkinson's Disease</u><br>DUE TO (c) <u>(b) Paralysis Agitans</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u> |  |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 days</u><br><br><u>8 yrs</u><br><br><u>19 yrs</u> |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____   |  |  |   |   |  |  |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? _____   |   |   |  |  |
| 22. I hereby certify that I attended the deceased from <u>3/14/53</u> , 19 <u>53</u> , to <u>4/16/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4/16/53</u> , 19 <u>53</u> , and that death occurred at <u>9:40 P.M.</u> , from the causes and on the date stated above. |  |  |  |  |   |   |  |  |
| 23a. SIGNATURE <u>Joseph A. Fogarty, DO</u> (Deputy Registrar's title)  |  |  |  | 23b. ADDRESS <u>402 Northmanly Rd K.C. Mo</u>  |   | 23c. DATE SIGNED <u>4/17/53</u>                                       |  |  |
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>4-20-53</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>  |   | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG. <u>4-17-53</u>   |  | REGISTRAR'S SIGNATURE <u>Healdine Smith</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY &amp; CHAPEL K.C., MO.</u>  |   |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Fogarty, Wirthman Bldg.  
12:30 - 6

801207

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 .....  
Student Embalmer

Signed *Clayton Barnes*

Licensed Embalmer No. *4793*

P. O. Address *K. E. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.