

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 18042  
 2308

FILED MAY 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY, North 10 <sup>th</sup> St		c. CITY OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION K.C. GENERAL HOSP 2150		e. STREET ADDRESS (If rural, give location) 1716-E 10 <sup>th</sup> ST	
3. NAME OF DECEASED (First) (Middle) (Last) BEDFORD DALE GRIDER		4. DATE OF DEATH (Month) (Day) (Year) 5-2-53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct 23-1931
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		9b. KIND OF BUSINESS OR INDUSTRY STEWART SAND	9. AGE (In years last birthday) 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY STEWART SAND	11. BIRTHPLACE (City and State or Foreign Country) CARROLLTON MO
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME WILLIAM GRIDER	
13b. MOTHER'S MAIDEN NAME ETHEL LEE		14. NAME OF HUSBAND OR WIFE MAULE GRIDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 494-20-1030	
17. INFORMANT'S SIGNATURE OR NAME Mrs Ethel Richardson K.C. Mo		18. ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull in both (b) Tibias & fibulas. (c) DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History & Inspection	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no Part 123 permit.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, street, etc.) street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Mo Clay	
21d. TIME OF INJURY 5-2-53 11:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR Auto Trauma Two 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.	
23. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens, coroner		23b. ADDRESS 1134 Rialto Bldg	
23c. DATE SIGNED 5-2-53		24a. BURIAL, CREMATION, REMOVAL RENOVAL	
24b. DATE 5-4-53		24c. NAME OF CEMETERY OR CREMATORY OAK HILL	
24d. LOCATION (City, town, or county) CARROLLTON MO		24e. (State)	
25. FUNERAL DIRECTOR'S SIGNATURE Seraldine Smith		25. ADDRESS The P. Sher K.C. Mo	

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

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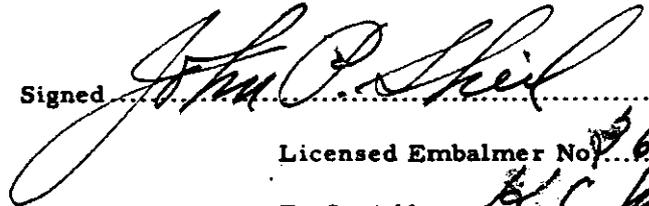
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STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No. 3625

P. O. Address A.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.