

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4806**
Registrar's No. **362**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 49yrs		e. STREET ADDRESS (If rural, give location) 6605 E 16th St Terr	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6605 E 16th Terr			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) JOSEPH c. (Last) GRADY			4. DATE OF DEATH (Month) (Day) (Year) Jan 24 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 8, 1856		9. AGE (In years last birthday) 99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Stationary Eng	11. BIRTHPLACE (City and State or Foreign Country) Conn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Grady		13b. MOTHER'S MAIDEN NAME Mary Ellen ?		14. NAME OF HUSBAND OR WIFE Mary Ellen Burns Grady	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Margaret Popp 6605 E 16th St Terr	

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) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary sclerosis DUE TO (c) Arteriosclerotic Cardiac Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized		INTERVAL BETWEEN ONSET AND DEATH 42⁰⁰	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) m.		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 June 10, 1954, to Jan 24, 1956, that I last saw the deceased alive on Jan 22, 1956, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. A. Underwood, M.D. (Degree or title)		23b. ADDRESS 6700 E. 24th K.C. Mo		23c. DATE SIGNED 1/25/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-27-56		24c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.	
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DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE New Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home Kansas City Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *John P. Sheel*

Licensed Embalmer No.. *3626*

P. O. Address *R. C. [unclear]*

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.