

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27436

FILED AUG 22 1951

BIRTH NO. _____		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 4244		Registrar's No. 150	
1. PLACE OF DEATH a. COUNTY Jasper 0490				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville		c. LENGTH OF STAY (in this place) 11 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cartersville 1490			
d. FULL NAME OF HOSPITAL OR INSTITUTION 203 S. Locust St.				d. STREET ADDRESS (If rural, give location) 203 South Locust St.			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First) JOHN		b. (Middle) H.		c. (Last) GRENINGER	
4. DATE OF DEATH August 13, 1951		4. DATE (Month) (Day) (Year)					
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 28, 1889	
9. AGE (In years last birthday) 62		10. MONTHS 6		11. YEAR 15		12. HOURS 15	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine operator		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John P. Greninger		13b. MOTHER'S MAIDEN NAME Matilda Dorge		14. NAME OF HUSBAND OR WIFE Mary Greninger			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Greninger Cartersville, 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) Silico-tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Working in metal mines 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 Chronic
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)		001X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.							
23a. SIGNATURE P. M. Stormont MD (Degree or title)				23b. ADDRESS Webb City Mo		23c. DATE SIGNED 8/14/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 17, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery		24d. LOCATION (City, town, or county) (State) Webb City, Missouri		
DATE REC'D BY LOCAL REG. Aug 17-51		REGISTRAR'S SIGNATURE H. L. Dinkler MD		25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	

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

8/21/51

51-8-651

8/21/51

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 Richard Gray Lewis

Licensed Embalmer No. 4495

P. O. Address Webb City

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.