

FILED OCT 24 1950

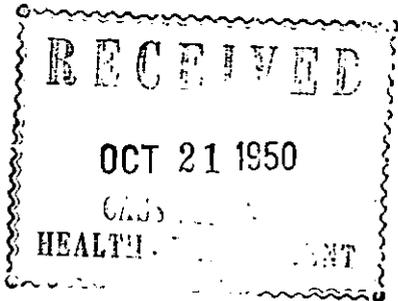
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32921

BIRTH NO. _____		REG. DIST. NO. <u>3</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>161</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE</u>		c. LENGTH OF STAY (In this place) <u>5 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARRISONVILLE, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>019 W</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Lexington St.</u>				d. STREET ADDRESS (If rural, give location) <u>L</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENETTA BELE</u> b. (Middle) _____ c. (Last) <u>GREGG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 16 1950</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 29, 1883</u>	
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (State or foreign country) <u>CREIGHTON, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM PAGE</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA BROWN</u>			14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PERRY GREGG, WARRENSBURG, Mo.</u>			
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) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>26 hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>				2 yrs.	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>			
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? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>May 5, 1950</u> , to <u>Oct 16, 1950</u> , that I last saw the deceased alive on <u>Oct 16, 1950</u> and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J. S. Triplett, M.D.</u>				23b. ADDRESS <u>Harrisonville Mo.</u>		23c. DATE SIGNED <u>Oct 17, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-18-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARKER C.E.M.</u>		24d. LOCATION (City, town, or county) (State) <u>CREIGHTON, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17, 1950</u>		REGISTRAR'S SIGNATURE <u>Laura J. Jones</u>		51		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hobert Arnold - Creighton Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed Hobert Arnold.....

Licensed Embalmer No. 3621.....

P. O. Address Overton 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.