

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2117

State File No. ....

15 FEB 4 1952  
BIRTH NO. 90971-51 REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 5825 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	c. LENGTH OF STAY (In this place) 1 wk	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin 1930	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 4		d. STREET ADDRESS (If rural, give location). Rt. 4 (Hollywood Park Rd)	

3. NAME OF DECEASED (Type or Print) a. (First) Olive b. (Middle) Paulette c. (Last) Greninger	4. DATE OF DEATH (Month) (Day) (Year) Jan 5, 1952
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec. 30, 1951	9. AGE (In years last birthday) 5	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 5	Hours 5	Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Junior P. Greninger	13b. MOTHER'S MAIDEN NAME Elbie Lee Bailey	14. NAME OF HUSBAND OR WIFE
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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 Junior P. Greninger, Rt 4 Joplin	ADDRESS Rt 4 Joplin
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a)		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Regurgitation of formula</i> <i>strangulation. Food entering</i> <i>the trachea</i> DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 19-3 E9210 22	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 19\_\_\_, to 19\_\_\_, that I last saw the deceased alive on 19\_\_\_, 19\_\_\_, and that death occurred at 3:46 m., from the causes and on the date stated above.

23a. SIGNATURE <i>P. L. Jensen M.D.</i> (Degree or title)	23b. ADDRESS 606 Porter	23c. DATE SIGNED Jan 5, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-7-52	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 1-7-52	REGISTRAR'S SIGNATURE <i>Ed S. Jensen</i>	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	ADDRESS
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(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.....

working under my personal supervision.

Student Embalmer No.....

Signed F. M. Jones

Signed.....  
Student Embalmer

Licensed Embalmer No. 2519

P. O. Address Joe Ave 2nd

**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.