

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

No. 300  
10-48

FILED DEC 2 - 1953

State File No. ....

BIRTH NO. .... REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 531

1. PLACE OF DEATH a. COUNTY <u>JASPER</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY OR TOWN <u>JOPLIN</u>		c. CITY OR TOWN <u>SENECA</u>	
c. LENGTH OF STAY (In this place) <u>1 MO.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOHN'S HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>ROUTE 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERNICE</u> b. (Middle) <u>LORRAINE</u> c. (Last) <u>GRENINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 20, 1953</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>Nov 12, 1919</u>		9. AGE (In years last birthday) <u>34</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>LAWTON, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>			

13a. FATHER'S NAME <u>CHAS. F. YEAGER</u>		13b. MOTHER'S MAIDEN NAME <u>DELMO SCHUMACHER</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM GRENINGER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. ....		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>WILLIAM GRENINGER, SENECA, RT 2</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General carcinomatosis</u>		DUE TO (b) <u>Primary of throid.</u>			<u>6 mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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				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, 1953, to Nov., 1953, that I last saw the deceased alive on Nov. 20, 1953, and that death occurred at 3:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Raymond D. Parker M.D.</u>		23b. ADDRESS <u>607 Frisco Bldg., Joplin, Mo.</u>		23c. DATE SIGNED <u>11-24-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-23-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW</u>	
		24d. LOCATION (City, town, or county) (State) <u>JOPLIN, MISSOURI</u>			

DATE REC'D BY LOCAL REG. <u>11-28-53</u>		REGISTRAR'S SIGNATURE <u>James R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STEVE PARKER MORTUARY, JOPLIN, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 30 1953

Jasper County Health Office

County File Number 53-11-957

Date Filed NOV 30 1953

DEC 14 1953

DEC 13 1953

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 *F. M. Jones*

Licensed Embalmer No. 231

P. O. Address Joplin

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.