

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29884

State File No.

FILED OCT 1 - 1956

REG. DIST. NO. 42

PRIMARY REG. DIST. NO. 1000

Registrar's No. 1031

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 22 yrs.	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION 2719 Renick Street		e. STREET ADDRESS (If rural, give location) 2719 Renick Street	
3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) A. c. (Last) Greninger			4. DATE OF DEATH (Month) (Day) (Year) September 19, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH November 30, 1903
9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10b. KIND OF BUSINESS OR INDUSTRY C B & Q Railroad	11. BIRTHPLACE (City and State or Foreign Country) Carthage, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph Greninger	
13b. MOTHER'S MAIDEN NAME Frances Stoner		14. NAME OF HUSBAND OR WIFE Crystal Greninger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW #2		16. SOCIAL SECURITY NO. 495-012316	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maxine C. Raines
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 18. INTERVAL BETWEEN ONSET AND DEATH Instant	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		DUE TO (b) Coronary arteriosclerosis	
ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis general		2-10-56 Unknown	
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 4201		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) (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 2-10-56 , to 9-19-56 , 19 56 , that I last saw the deceased alive on 9-19-56 , 19 56 , and that death occurred at 10:20 P m. , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. Allison</i>		(Degree or title)	23b. ADDRESS 207 P and S. Bldg. St. Joseph, Missouri
23c. DATE SIGNED 9-21-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Sept 26, 1956	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Allison</i>		ADDRESS St. Joseph, Mo.

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

OCT 2 1956

OCT 3 0 1956

NOV 8 1956

NOV 9 1956

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 *Edward R. Harrington*

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.