

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26471**

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY BOONVILLE COOPER CO. MO.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE MO		c. CITY (If outside corporate limits, write RURAL and give township) Boonville	
c. LENGTH OF STAY (in this place) 2		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPHS HOSPITAL			

3. NAME OF DECEASED (Type or Print) EDWARD RENTSCHLER Rentschler	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 24 51
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH APRIL 25th 1876	9. AGE (in years last birthday) 75	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 1 MIN. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABOR	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SPEED COOPER COUNTY MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME DAVID RENTSCHLER	13b. MOTHER'S MAIDEN NAME MARY STEGNER	14. NAME OF HUSBAND OR WIFE ✓
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NO	17. INFORMANT'S SIGNATURE OR NAME FRANK RENTSCHLER ADDRESS 37 Louis Mo. 1241 Grand Ave
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocarditis		4 mo
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. nephritis		4 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **July 1, 1951**, to **Aug 24, 1951**, that I last saw the deceased alive on **Aug 24, 1951**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T.C. Beckett MD	23b. ADDRESS Boonville Mo	23c. DATE SIGNED 8-27-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-27-51	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE BOONVILLE MO.	24d. LOCATION (City, town, or county) (State) BOONVILLE MO.
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DATE REC'D BY LOCAL REG. 8-27-51	REGISTRAR'S SIGNATURE D. Hooper 381	25. FUNERAL DIRECTOR'S SIGNATURE STEGNER FUNERAL HOME ADDRESS BOONVILLE MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-4-51

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 *R. G. Poole*

Licensed Embalmer No. 3515

P. O. Address *New Franklin*

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.