

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37767

State File No. ....

DEC 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1297

1. PLACE OF DEATH a. COUNTY <u>Quehanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution of residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City 3538</u>	
c. LENGTH OF STAY (In this place) <u>9 yrs 3 m 7 d</u>		d. STREET ADDRESS (If rural, give location) <u>1533 E 37th Street's</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 7</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Rentschler</u> c. (Last) <u>Rentschler</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 8 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>May 31<sup>st</sup> 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>None given</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Brewville Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
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13. FATHER'S NAME <u>Matt Rentschler</u>	13b. MOTHER'S MAIDEN NAME <u>Callie Kelch</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>nil</u>	17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>(State Hospital #2 Records, City)</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>34 years</u> <u>chronic</u> <u>9 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right breast</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Metastasis of liver</u> DUE TO (c) <u>Myocarditis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Psychotic</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 1-1<sup>st</sup>, 1952 to 12-8, 1952 that I last saw the deceased alive on 12-7, 1952, and that death occurred at 2:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	23b. ADDRESS <u>State Hospital # 2, City</u>	23c. DATE SIGNED <u>12-8-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>12-8-52</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
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DATE RECD BY LOCAL REG. <u>Dec 12, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Casty</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. W. McConomy's Sons</u> ADDRESS <u>133 1/2 S. 1st St. Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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

*Charles H. Steinhilber*

Licensed Embalmer No. 4560

P. O. Address 102 W. 10th

**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.