

No. 300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24798**
3259

FILED JUL 17 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 35 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		24.8
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location) 129 East 46th St.		
3. NAME OF DECEASED a. (First) MRS. MATHILDA		b. (Middle) RENZ	c. (Last) FRITSCHÉ	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953	
5. SEX Female	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 3 Sept., 1864	9. AGE (In years last birthday) 88	if UNDER 1 YEAR Month Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas /		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Renz		13b. MOTHER'S MAIDEN NAME Helen Greiss		14. NAME OF HUSBAND OR WIFE Edward C. Fritsche	
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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Helen Cronkite, 129 E. 46, K.C.M.O.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post-operative Carcinoma Rt. Colon DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 8 days 8 mos. 15 1/2	
19a. DATE OF OPERATION 6-17-53	19b. MAJOR FINDINGS OF OPERATION Carcinoma Right Colon.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 15, 1953 , to June 26, 1953 , that I last saw the deceased alive on 6-26-53 and that death occurred at 10:40 Am. , from the causes and on the date stated above.					
23a. SIGNATURE Walter Cummins		(Degree or Title)	23b. ADDRESS 1112 Prof. Bldg.		23c. DATE SIGNED 6-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE June 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. Muncie	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas		
DATE REC'D BY LOCAL REG. 6-27-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS K.C.M.O.

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

Dr. Claude Hunt to Dr. Cummings
1612 Prof. Tilden
Vi 4624

Go to Marie
I have Dr. Hunt
to Cummings
Research Hosp

Either can sign. Wa 4110

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 J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address KC 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 this body is not embalmed, fact should be so stated above.