MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

60-030339

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3823 Registrar's No. 203

1. PLACE OF DEATH
a. COUNTY Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wright Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
STATE Missouri b. COUNTY Henry
c. CITY OR TOWN Clinton
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS 319 N 2nd St (If outside give location)
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARA Middle Last RENTCHLER

4. DATE OF DEATH: Month aug Day 18 Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-29-1888
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months 1 Days 18
IF UNDER 24 HR: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Clinton Mo
12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Geo. W Holcomb
13b. MOTHER'S MAIDEN NAME: Laura Knox
14. NAME OF HUSBAND OR WIFE: Wm G Rentchler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 483-12-0757
17. INFORMANT: Wm G Rentchler Address: Clinton Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	1 minute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	1-2 min
DUE TO (c)	Complete Heart Block	months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).
Diabetes Mellitus – Obesity

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 8-10-60, to 8-18-60 and last saw her alive on 8-18-60
Death occurred at 10:05 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clinton L. Gleason (Degree or title) DO
22b. ADDRESS 105 E. Ohio Clinton Mo
22c. DATE SIGNED 8-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-21-1960
23c. NAME OF CEMETERY OR CREMATORY Englewood
23d. LOCATION (City, town, or county) (State) Clinton Mo

24. FUNERAL DIRECTOR F.L. Schaberg ADDRESS CLINTON, Mo.
25. DATE RECD. BY LOCAL REG. Aug. 20, 1960
26. REGISTRAR'S SIGNATURE Neildeed Bigum

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

OCT 17 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

or by _____, Student Embalmer No. ____

working under my personal supervision.

Student _____ Signed F L Schoberg

Signature of Student Embalmer

Licensed Embalmer No. 45

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.