MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022204

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 5068 Registrar's No. 137

FILED JUN 19 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0140
2	0147
3	
4	0
5	1
6	
7	0
8	2
9	974X
10	
11	
12	91-3
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: McCredie Twp. — Length of stay in 1b: 3 Hrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: N.E. Fulton — Inside Limits: Yes ☐ No ☒
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Callaway
c. CITY OR TOWN: Fulton — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 521 West 7th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Ernest — Middle — Last Rentschler
4. DATE OF DEATH: Month June — Day 12 — Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/19/1900
9. AGE (last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming and Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (City and state or country): Callaway County, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Fred Rentschler
13b. MOTHER'S MAIDEN NAME: Minnie Bonard
14. NAME OF HUSBAND OR WIFE: Addie G. Rentschler
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 — Address: Mrs. Addie Rentschler, Fulton, Mo

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): Strangulation
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Hanging
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
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.) By rope around neck and over rafter in his hay barn, and stepped off feed bunk
20c. TIME OF INJURY: Appr. 9:30 Hour a.m. — Month, Day, Year: 6/12/62
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.): Barn on his farm
20f. CITY, TOWN, OR LOCATION: McCredie Twp. — COUNTY: Callaway — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at Approx. 9:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Denzil C. Browning, coroner
22b. ADDRESS: Fulton, Mo
22c. DATE SIGNED: 6-13-1962
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/14/1962
23c. NAME OF CEMETERY OR CREMATORY: Callaway Memorial Gardens
23d. LOCATION (City, town, or county) (State): Fulton Mo
24. FUNERAL DIRECTOR — ADDRESS: Browning Funeral Home. Fulton Mo
25. DATE RECD. BY LOCAL REG.: June 13-1962
26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1962

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_____ Signed Dwight C. Browning
Signature of Student Embalmer

Licensed Embalmer No. 2724

P. O. Address Fulton, 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.