

FILED FEB 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4243

BIRTH NO. _____		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5907</u>		Registrar's No. <u>3</u>					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>Cole</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Cole</u>					
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Lohman- Rural</u>)		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lohman- Rural</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>North west of Lohman</u>							
3. NAME OF DECEASED			4. DATE OF DEATH		5. SEX		6. COLOR OR RACE				
a. (First) <u>John</u>			b. (Middle) <u>G.</u>		c. (Last) <u>Strobel</u>		a. (Month) <u>2-</u>				
(Type or Print)			d. (Day) <u>22-</u>		e. (Year) <u>51</u>		Male <u>0</u>				
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3-12-1887</u>		9. AGE (in years last birthday) <u>63</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u>		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>			11. BIRTHPLACE (State or foreign country) <u>Near Lohman, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Strobel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Strobel</u>			14. NAME OF HUSBAND OR WIFE <u>Anna Plochberger Strobel</u>					
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Strobel-</u> ADDRESS <u>Jefferson City, Mo</u>						
18. CAUSE OF DEATH				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC THROMBOSIS</u>				<u>35 min</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES				DUE TO (b) <u>CHRONIC CORONARY SCLEROSIS</u>			
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:				<u>2 year</u>			
				DUE TO (c) _____				<u>4201</u>			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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 <u>Feb 4</u> , 19 <u>51</u> , to <u>Feb 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 12</u> , 19 <u>51</u> , and that death occurred at <u>3:10P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>E. M. Ehrhart</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Russellville, Mo.</u>				23c. DATE SIGNED <u>2/13/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-14-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lohman, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>Feb. 14</u>		REGISTRAR'S SIGNATURE <u>Mrs. Minnie Hittmeyer</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Russellville Mo</u> ADDRESS _____					

(Licensed Embalmers' Statement on Reverse Side)

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

0260

RECEIVED *2-19-57*

DISTRICT HEALTH OFFICE No: 3

District File Number

Date Filed *2-19-57*

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 *Hugh H. Schmidt*

Licensed Embalmer No. *2920*

P. O. Address *Russellville 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.