

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 18 1960

=60-027636

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 271

1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hannibal</u>		Length of stay in 1b <u>many Yrs.</u>		c. CITY OR TOWN <u>Hannibal</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Long's Rest Home</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1222 Church St.</u>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Anna Henrietta SCHLOBOHM</u>				4. DATE OF DEATH Month Day Year <u>July 6, 1960</u>				
5. SEX <u>female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7/13/64</u>		
9. AGE (last birthday) <u>95</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>	
13a. FATHER'S NAME <u>Charles Fahrenhorst</u>				13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>John Schlobohm</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give <del>was</del> of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT <u>Ms. Anna Behneman</u>			Address <u>1224 Church St.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Chronic Myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>	
DUE TO (b) <u>Arteriosclerotic vascular disease, severe</u>							<u>2 yrs</u>	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1-19-60</u> to <u>7-4-60</u> and last saw <u>her</u> alive on <u>7-4-60</u> Death occurred at <u>7-6-60 12:20 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Robert Lanning - D</u> (Degree or title)				22b. ADDRESS <u>115 N. 5th St. Hannibal, Missouri</u>			22c. DATE SIGNED <u>7-9-60</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mo. Olivet Cemetery</u>		23d. LOCATION (City, town, or county) <u>Hannibal, Missouri</u>			
24. FUNERAL DIRECTOR <u>Cecil E. Schwartz</u> ADDRESS _____				25. DATE RECD. BY LOCAL REG. <u>7/11/60</u>		26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Libbians M. Herman</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Cecil E. Schwartz

Licensed Embalmer No. 2338

P. O. Address Hannibal

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.