

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000207

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 9

FILED FEB 5 1963

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lutesville</u>		c. CITY OR TOWN <u>Scopus</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bowl Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>St. Rt 4</u>	

3. NAME OF DECEASED (Type or print) First <u>ANNA</u> Middle <u>E</u> Last <u>WOBBEN</u>		4. DATE OF DEATH Month <u>JAN</u> Day <u>24</u> Year <u>1963</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</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>Dec. 29 1877</u>
9. AGE (last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 24 HR Hours _____ Min. _____		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>August Shreiber</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Burkhardt</u>	
14. NAME OF HUSBAND OR WIFE <u>Henry Wobben</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>493-24-3997A</u>		17. INFORMANT <u>Bertha Sholem, Scopus, Mo</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>Bowel Obstruction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: <u>Pelvic Carcinoma</u> DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
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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 type="checkbox"/> No <input type="checkbox"/> Unknown
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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>7-27-62</u> to <u>1-24-63</u> and last saw her alive on <u>1-23-63</u> Death occurred at <u>4:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>John Beckhardt</u> (Degree or title)	22b. ADDRESS <u>Lutesville Mo.</u>	22c. DATE SIGNED <u>1-26-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>JAN. 26, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PICKER CEM.</u>	23d. LOCATION (City, town, or county) <u>ST. LOUIS, MO</u> (State)
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24. FUNERAL DIRECTOR <u>Gene Ward, Lutesville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>1/28/63</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Craden</u>
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(Licensed Funeral Home) (Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/5960902090

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1286-2131-0

FEB 6 1963

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

Signed Kenneth Riley

Licensed Embalmer No. 5086

P. O. Address St. Louis, 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.