

Ohio Department of Health
Vital Statistics

Donation Permit

Permit no. 1847320

Personal data on deceased 453-21	Name of Deceased ELIZABETH J SCHENCK		Date of Death December 08, 2021	
	Sex Female	Age 86 Years	Place of death (Village or City) MONTGOMERY	County HAMILTON
	Cause of Death Myocardial Infarction			
Manner and place of disposal	<input type="checkbox"/> Burial <input checked="" type="checkbox"/> Other (Specify) Donation			
	Name of Cemetery University of Cincinnati College of Medicine			
Authorization to dispose of body	A satisfactory Certificate of Death or Provisional Certificate of Death has been filed as required by the laws of this state. Permission to dispose of the body as indicated above is hereby given to:			
	Funeral Director MIHOVK, ROBERT D		Address 5527 CHEVIOT RD CINCINNATI, OH 45247	
	Registrar/Sub-Registrar MIHOVK, ROBERT	Registration district no. 3100	Date of issuance December 9, 2021	

HEA 2721
Rev. 01/07

This permit must be retained by superintendent or person in charge of cemetery for a period of five (5) years



College of Medicine
Department of Medical Education
University of Cincinnati Academic Health Center
PO Box 670667
Cincinnati, OH 45267-0667

Body Donation Program
231 Albert Sabin Way
Tel: (513) 558-5612
Fax: (513) 558-2727

CERTIFICATE OF CREMATION

This certifies Elizabeth Schenck, who died December 08, 2021,
was cremated at the request of the Department of Medical Education
and that all requirements of the State of Ohio were observed in
performing said cremation.

A handwritten signature in black ink that reads 'Bruce F. Giffin'.

Bruce F. Giffin, Ph.D.
Director, Body Donation Program



REGISTRAR'S NO. 3100-2621006405 CERTIFICATE OF DEATH

1. Decedent's Legal Name (First, Middle, Last, Suffix) (Include AKA's if any) ELIZABETH J SCHENCK				2. Sex FEMALE	3. Date of Death (Month/Day/Year) DECEMBER 08, 2021
4. Social Security Number 270-30-7812	5a. Age (Years) 88	5b. Under 1 Year Months 8	5c. Under 1 day Days 8	5d. Under 1 day Hours 8	5e. Under 1 day Minutes 8
6. Date of Birth (Month/Day/Year) FEBRUARY 24, 1935			7. Birthplace (City and State or Foreign Country) CINCINNATI, OHIO		
8a. Residence State OHIO		8b. County HAMILTON		8c. City or Town MONTGOMERY	
8d. Street Address and Zip Code 10620 MONTGOMERY ROAD APT. 231 45242					
8. Ever in US Armed Forces? NO					
10. Marital Status at Time of Death WIDOWED (AND NOT REMARRIED)			11. Surviving Spouse's Name (if wife, give name prior to first marriage)		
12. Decedent's Education BACHELORS DEGREE (E.G., BA, AB, BS)			13. Decedent of Hispanic Origin NO	14. Decedent's Race WHITE	
16. Father's Name EVERETT FRYE			16. Mother's Name (prior to first marriage) SOPHIE GELS		
17a. Informant's Name JENNIFER WILBURN			17b. Relationship to Decedent DAUGHTER		17c. Mailing Address (Street and Number, City, State, Zip Code) 1021 SEAPINE COURT MAINEVILLE, OHIO 45039
18a. Place of Death DECEDENT'S HOME					
18b. Facility Name (if not institution, give street & number) 10620 MONTGOMERY ROAD, APT. NO. 231			18c. City or Town, State and Zip Code MONTGOMERY, OH 45242		18d. County of Death HAMILTON
19. Funeral Service Licensee or Other Agent ROBERT D MIHOVK			20. License Number (of licensee) 006218		21. Name and Complete Address of Funeral Facility MIHOVK-ROSENACKER FUNERAL HOMES 5527 CHEVIOT RD CINCINNATI, OH 45247
22. Method and Place of Disposition DONATION - UNIVERSITY OF CINCINNATI COLLEGE OF MEDICINE, CINCINNATI, OH					
23. Local Registrar <i>Meg Kesterman</i>			24. Date Filed (Month/Day/Year) 12/17/2021		
25a. Certifier (Check only one) <input checked="" type="checkbox"/> Certifying Physician to the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Coroner or Medical Examiner to the best of examination and investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.					
25b. Time of Death 1535			25c. Date Pronounced Dead (Month/Day/Year) DECEMBER 8, 2021		25d. Was Case Referred to Medical Examiner or Coroner? YES
26a. Certifier Name and Title <i>[Signature]</i> MD			26b. License number 35.071033	26c. Date Signed (Month/Day/Year) 12/10/22	
27. Name (First, Middle, Last) and Address of Person who Completed Cause of Death RICHARD VONDER BRINK, 11029 MONTGOMERY RD., CINCINNATI, OH 45249					
28. Part I. Enter the disease, injuries, or complications that caused the death. Do not omit the mode of dying, such as cardiac or respiratory arrest, shock, or blood failure. List only one cause on each line. Type or print in permanent blue or black ink.					
Immediate Cause (Final disease or condition resulting in death)		a. Due to (or as Consequence of)		Approximate Interval (Color and Death)	
MYOCARDIAL INFARCTION		17 years		17 years	
Secondary but not leading to immediate cause		b. Due to (or as Consequence of)			
LONGSTANDING ARTERY DISEASE					
Underlying Cause (Disease or injury that initiated events resulting in a death)		c. Due to (or as Consequence of)			
Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. HYPERTENSION					
29a. Was an Autopsy Performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29b. Were Autopsy Findings Available Prior To Completion Of Cause of Death? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Not Applicable			
30. Did Tobacco Use Contribute to Death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		31. If female, Pregnancy Status <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		32. Manner of Death <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined	
33a. Date of Injury (Mo/Day/Year) N/A	33b. Time of Injury	33c. Place of Injury (e.g., Decedent's home, construction site, restaurant, wooded area)		33d. Injury at Work? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
33a. Location of Injury (Street and Number or Rural Route Number, City or Town, State)					
33f. Describe How Injury Occurred:				33g. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Other:	

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SSO: 585010212

DEC 17 2021
GKO

City of Montgomery Hopewell Cemetery

10101 Montgomery Rd. Montgomery, OH 45242

Work Order Number: 16304

Assigned To: Tony Brothers

Work Order Request

Title: FUNERAL SERVICE

Current Date: 5-12-2023 Date Assigned: 5-19-2023 Time: 2:30 PM Date Completed: _____

Person Making Request: JENNY WILBURN Phone: 5138336828

Section: 4 Lot: 140 Grave: 1A

Work Requested:

PLEASE PREPARE THE GRAVE OF DONALD & ELIZABETH SCHENCK FOR THE BURIAL OF ELIZABETH'S
CREMAINS. DONALD'S CREMAINS ARE ALREADY INTERED IN THE GRAVESITE. THIS WILL BE A
PRIVATE FAMILY SERVICE AND WILL NOT LAST VERY LONG. THE FAMILY WILL BRING A CHECK FOR
THE O&C FEES IN THE AMOUNT OF \$600.00. ELIZABETH'S CREMAINS ARE IN MY OFFICE ON MY TALL
FILE CABINETS. PLEASE LET ME KNOW IF YOU HAVE ANY QUESTIONS. THANKS, CG

Work completed to correct situation:

**LOT RECORD
HOPEWELL CEMETERY
SYCAMORE TOWNSHIP TRUSTEES**

2500 5-42 806 339-56221-AG

REMINGTON RAND INC.
AP 11127*

SECTION	LOT NO.	NO. OF GRAVES	NAME OF LOT OWNER	CARE
<p>ADDRESS: _____</p> <p>DATE OF SALE: Aug. 21, 1940 PRICE OF LOT: 37.50 AREA SQ. FT.: ** MONUMENT: 25</p> <p>REMARKS: Burial rights to graves #1, #3, #4, and #5, transferred to Nancy A. Anders, August 10, 1979, as per will of the late Ralph W. Hopkins. H.E.J.</p> <p>Grave # 5 assigned to Helen Frye, 3/22/82 H.E.J.</p>				
DATE OF BURIAL	GR. NO.	NAME OF INTERRED	AGE	V. M.
May 8, 2009	1	Schenck, Donald		
Oct. 2, 1956	2	Hopkins Eleanor	47	V
	3	<i>Anders, Nancy</i>		
	4	<i>Anders, Ralph</i>		
2/20/15	5	Frye, Helen	81	V
5/19/23	1A	Schenck, Elizabeth	86	
<p>Burial rights to grave 1 transferred to Elizabeth & Donald Schenck by notarized form 9/4/91 C.J.</p>				
<p>(ALWAYS FACE LOT FROM PATH OR DRIVE TO LOCATE GRAVE)</p>				
<p>Cremains</p> <p>1529</p> <p>Cremains-Shared Grave</p>				

City of Montgomery Hopewell Cemetery
10101 Montgomery Rd.
Montgomery, OH 45242

Receipt #16308
Statement Date: 05/22/2023

JENNY WILBURN
1021 SEAPINE CT
MAINEVILLE, OH 45039

Payments				
Date	Line Item	Description	Payment Method	Payments
05/22/2023	Interment of Cremains (Weekday)	ELIZABETH SCHENCK	Check #1102	\$400.00
TOTAL				\$400.00

City of Montgomery Hopewell Cemetery
10101 Montgomery Rd.
Montgomery, OH 45242

Guy Wilburn
Jennifer Wilburn
1021 Seapine Ct.
Maineville, OH 45039

1102

13-7675/2420

5/18/23
Date

Pay to the
order of

City of Montgomery

\$ 400.00

four hundred and 00/100

Dollars

Security features
included.
Details on back.



Anni Wilburn
MP

For _____

⑆ 24 20 76 7 5 3 ⑆ 0000 5 58 4 6 0 6 ⑆ 0 1 1 0 2

Main Street Emery Federal Credit Union