No. 300
10.48

FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8932

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 822 Webb ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
d. STREET ADDRESS (If rural, give location): 822 Webb ST

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3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): V.
c. (Last): Sultzman

4. DATE OF DEATH (Month) (Day) (Year): March 13 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify): Widower - W
8. DATE OF BIRTH: Jan 18 1863
9. AGE (In years last birthday): 87 | If under 1 year: Months 1 Days 13 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fort Wayne Ind
12. CITIZEN OF WHAT COUNTRY?: 1

13a. FATHER'S NAME: John Sultzman
13b. MOTHER'S MAIDEN NAME: Dorthy Bauer
14. NAME OF HUSBAND OR WIFE: Mary Ann Sultzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Melvin Spencer
ADDRESS: Hannibal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cardic fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) cerebral vascular accident — 5 days
DUE TO (c) cerebral arteriosclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* general debility — 4. yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Mch 9th 1950, *to* Mch 12th 1950, *that I last saw the deceased alive on* Mch 13 1950, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: V. E. Sultzman
(Degree or title): M.D.F.A.C.
23b. ADDRESS: S 115 N. 5th St, Hannibal, Mo
23c. DATE SIGNED: 3/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 15-1950
24c. NAME OF CEMETERY OR CREMATORY: St Mary Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal Mo.

DATE REC'D BY LOCAL REG.: 3-22-50
REGISTRAR'S SIGNATURE: By W. C. Fisher Dr. E. M. Lucke Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: James O'Donnell
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 24 1950
MARION CO. HEALTH DEPT.
DATE FILED MAR 27 1950

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.