. No. 300
. 10.48

Sultzman

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39453

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 378

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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): Sty Elizabeth

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 0644
d. STREET ADDRESS (If rural, give location): Mark Twain Rest Home

3. NAME OF DECEASED (Type or Print)
a. (First): August
b. (Middle):
c. (Last): Herman

4. DATE OF DEATH (Month) (Day) (Year): Nov. 1, 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 13, 1874
9. AGE (In years last birthday): 77
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Maiden, N. C.
12. CITIZEN OF WHAT COUNTRY?: 7

13a. FATHER'S NAME: Noeh J. Herman
13b. MOTHER'S MAIDEN NAME: Amanda Green
14. NAME OF HUSBAND OR WIFE: Lula

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: Mr H.J. Herman
ADDRESS: Columbia Mo

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) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) cerebral hemorrhage — 10 days

DUE TO (c) hypercardic arterio sclerotic cardio vascular disease — 2 yrs.

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: 4221
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):
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* 10-20-52, 19___, *to* 11-1-52, 19___, *that I last saw the deceased alive on* 11-1-52, 19___, *and that death occurred at* 5:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F.E. Sultzman (Degree or title) M.D.
23b. ADDRESS: 115 North 5th St. Hannibal, Mo.
23c. DATE SIGNED: 11-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 11-3-52
24c. NAME OF CEMETERY OR CREMATORY: Grand View Burial Pk.
24d. LOCATION (City, town, or county) (State): Hannibal, Mo.

DATE REC'D BY LOCAL REG.: 11-18-52
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher 189-C
25. FUNERAL DIRECTOR'S SIGNATURE: H.M. O'Donnell
ADDRESS: Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 28 1952
MARION CO. HEALTH DEPT.
DATE FILED NOV 28 1952

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 H. M. O'Donnell

Licensed Embalmer No. 3889

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.