Dr.Strong-Sultzman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9389
STATE FILE NUMBER

FILED APR 4 - 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 118

Health, & Welfare Public Service

S. 300 0
v. 1-56

1. PLACE OF DEATH
a. COUNTY Mar on
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St.Elizabeth — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal 0644 0 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1206 Fulton — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Lorenzo Middle R. Last Fowler
4. DATE OF DEATH Month Day Year 3/26/57
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 8/24/1873
9. AGE (In years last birthday) 83 — 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) Retired Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Quincy, Illinois 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Fowler
14. MOTHER'S MAIDEN NAME Milley Fowler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs.Janie Fowler, 1206 Fulton, Hannibal, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal inanitionn — INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General debility of aged — 3 mo
DUE TO (c) Arteriosclerosis ,generalized — 3 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4500
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 3-25-57, to 3-26-57 and last saw her/him alive on 3-26-57
Death occurred at 12:50A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F.E. Sultzman M.D. Fa.C.S. 0
22b. ADDRESS 115 N Fifth,Hannibal,Missouri
22c. DATE SIGNED 3-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/28/57
23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
23d. LOCATION (City, town, or county) (State) Hannibal,Mo.

24. FUNERAL DIRECTOR H M O'Donnell — ADDRESS Hannibal,Mo.
25. DATE RECD. BY LOCAL REG. 3-30-57
26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke W.C. Fisher Bu

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

189 0

RECEIVED APR 3 1957
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1957

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....J. 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. (Fa
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.