

Dr. Sultzman

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57-0-17933
STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 199

Health,
Welfare
Public
Service300
1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth			Length of stay in 1b		d. STREET ADDRESS 3100 James Rd.,		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Lagora Middle E. Last Mudd				4. DATE OF DEATH Month 5 Day 21 Year 57									
5. Female Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 4/20/1906		9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Chamois, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME George Brannan				14. MOTHER'S MAIDEN NAME Josephine Richards									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO.		17. INFORMANT Address Charles Mudd, 3100 James Rd.,								
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute CVA possible ruptured congenital aneurysm brain stem D.O.A. St. Elizabeth Hospital Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 15 min					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		330X											
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. _____													
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 May 20-57 May 21-57 and last saw her alive on May 20-57 Death occurred at 7:40 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE F. C. Sultzman M.D. (Degree or title)				22b. ADDRESS 115 N. 5th St., Hannibal, Mo				22c. DATE SIGNED 5/24/57					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/24/57		23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park			23d. LOCATION (City, town, or county) Hannibal, Mo.			(State)			
24. FUNERAL DIRECTOR Wm O'Donnell ADDRESS Hannibal, Mo.				25. DATE RECD. BY LOCAL REG. 5/24/57		26. REGISTRAR'S SIGNATURE St Emucke By HCFisher							

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 29 1957
MARION CO. HEALTH DEPT.
DATE FILED MAY 29 1957

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..... *J. M. McDonnell*

Licensed Embalmer No..... 38

P. O. Address..... Hannibal,

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.