No. 300
10.48

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

STANDARD CERTIFICATE OF DEATH

State File No. 38125

FILED DEC 6 1951

BIRTH NO. 77960-51 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 365

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): Levering Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Cook
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Park Forest 8120
d. STREET ADDRESS (If rural, give location): 268 Juniper St.

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

4. DATE OF DEATH (Month) (Day) (Year): November 12, 1951

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1
8. DATE OF BIRTH: November 11, 1951
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: Francis E. Sultzman Jr.
13b. MOTHER'S MAIDEN NAME: Betty Jane Lyons
14. NAME OF HUSBAND OR WIFE:
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 ADDRESS: Francis E. Sultzman Jr. Park Forrest, Ill.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic disease of newborn — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c)

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: 7710
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* 11/11/51, 19__, *to* 11/12/51, 19__, *that I last saw the deceased alive on* 11/12/51, 19__, *and that death occurred at* 6:05 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: T. C. Sultzman (Degree or title) M.D. F.A.C.S.
23b. ADDRESS: 115 N. 5th St, Hannibal, Mo
23c. DATE SIGNED: 11/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 13, 1951
24c. NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Hannibal, Missouri

DATE REC'D BY LOCAL REG.: 11/27/51
REGISTRAR'S SIGNATURE: 189 D.E. McLuke M.D. Fulton
25. FUNERAL DIRECTOR'S SIGNATURE: C. Crawford Smith
ADDRESS: Hannibal Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 28 1951
MARION CO. HEALTH DEPT.
DATE FILED DEC 4 1951

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. Crawford Smith

Licensed Embalmer No. 3814

P. O. Address Kennett 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.