

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **27328**

FILED AUG 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 384

0124

1. PLACE OF DEATH a. COUNTY <b>Buttler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri, Steadard,</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff</b>		d. STREET ADDRESS (If rural, give location) <b>Poplar Bluff Mo,</b>	

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3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>John</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Sutter</b>	(Month) <b>7</b>	(Day) <b>28</b>	(Year) <b>52</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Feb 22 1870</b>	9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Greenville Illinois</b>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <b>John H. Sutter</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Miles.</b>	14. NAME OF HUSBAND OR WIFE <b>Deceased,</b>
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 <b>Everett Sutter Puxico Mo,</b>

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma, colon</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Ascending portacn,</b> DUE TO (c) <b>Type unknown</b>		
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 <b>153X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1952, to 7-28, 1952, that I last saw the deceased alive on 7-28, 1952, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Q. Henrich</b>	(Degree or title)	23b. ADDRESS <b>Poplar Bluff, Mo</b>	23c. DATE SIGNED <b>8-15-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-31-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rock Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Rural, Duck Creek T.S.</b>

DATE REC'D BY LOCAL REG. <b>8-18-52</b>	REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>	428-1	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mathews Service Puxico, Mo</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
AUG 26 1952

BUTLER CO. HEALTH CENTER

FILE No. 852-430

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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 Walter Marshall Watkins

Licensed Embalmer No. 4217

P. O. Address Defter 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.