

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 10 1956

27527

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5767 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONTGOMERY</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy - Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>JONESBURG</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Troy Hosp</u>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1 1/2 mile Sanehart</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>MARTIN, FREDERICK SUTTERER</u>				4. DATE OF DEATH Month Day Year <u>Aug 31 56</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 15 1900</u>		9. AGE (In years last birthday) <u>56</u>		10. UNDER 1 YEAR Months Days Hours Min.		11. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME <u>August Sutterer</u>				14. MOTHER'S MAIDEN NAME <u>Anna Sprague</u>									
15. WAS RELEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>				16. SOCIAL SECURITY NO. <u>493-023630</u>		17. INFORMANT Address <u>Amelia Sutterer Jonesburg Mo</u>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> 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 <u>96 hr</u>	
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 Month, Day, Year 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 <u>Aug. 27</u> to <u>Aug. 31</u> and last saw her alive on <u>Aug. 31</u> Death occurred at <u>11:00</u> m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ala J. Stender</u>				22b. ADDRESS <u>Jonesburg Mo</u>				22c. DATE SIGNED <u>9/3/56</u>					
23a. BURNING, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-4-56</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Bethel</u>				23d. LOCATION (City, town, or county) (State) <u>Pond Mo</u>					
24. FUNERAL DIRECTOR <u>Carl A. Harding Jonesburg Mo</u>				ADDRESS				25. DATE RECD. BY LOCAL REG. <u>Sept 8th 1956</u>		26. REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service
300 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

1900
C 100
1906: 22 138

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

Signature *Carl A. Darling*
.....

Licensed Embalmer No... 47

P. O. Address *Jonesburg*
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.