

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **231**

FILED JAN 23 1958

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

BIRTH NO. _____		REG. DIST. NO. <u>37</u>	PRIMARY REG. DIST. NO. <u>4049</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salisbury</u>		
c. LENGTH OF STAY (in this place) <u>approx 1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>South Edson St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hulen Nursing Home</u>				
3. NAME OF DECEASED (Type or Print), a. (First) <u>Julia</u>		b. (Middle) <u>----</u>		c. (Last) <u>Sutter</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 12, 1958</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 18, 1880</u>	9. AGE (In years last birthday) <u>77</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Otto Steinbach</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalin Kressig</u>	14. NAME OF HUSBAND OR WIFE <u>Fridolin Sutter</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Sutter</u> ADDRESS <u>Florissant, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		
DUE TO (b) <u>cerebral arteriosclerosis</u>				
DUE TO (c) <u>generalized arteriosclerosis</u>				
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		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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 <u>3/25/57</u> to <u>12/30/57</u> , that I last saw the deceased alive on <u>12/30/57</u> , and that death occurred at <u>2:33 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Robert L. Ward MD</u> (Degree or title) <u>C</u>		23b. ADDRESS <u>Centralia, Mo.</u>		23c. DATE SIGNED <u>1/13/58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/14/58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Jan 20-1958</u>	REGISTRAR'S SIGNATURE <u>Maud Mc Bride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B Winhelmyer</u> ADDRESS <u>Salisbury Mo</u>		

**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

*Chas B Winkelmeier*

Licensed Embalmer No. *3842*

P. O. Address *Salisbury, 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.