

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED FEB 27 1958

Registration District No. 366Primary Registration District No. 6245Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Walton</u>		c. CITY OR TOWN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1/4 mi S. Shirley</u>		d. STREET ADDRESS (If outside city location) <u>1 mi W. Shirley</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Grosser Cleveland Suttler</u>		4. DATE OF DEATH Month Day Year <u>Feb. 25 1958</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>July 30 1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool &amp; die maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Machine Green Co. Ill.</u>	
11. BIRTHPLACE (City and state or country) <u>Green Co. Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Squire Edmond Suttler</u>		13b. MOTHER'S MAIDEN NAME <u>Mitilda Nicques</u>	
14. NAME OF HUSBAND OR WIFE <u>Euclin M. Suttler</u>		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 Address <u>Viola Allen Rt. 2 Potosi 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>Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Acute Renian lth. with effusion</u>			
DUE TO (c) <u>Tuber Pneumonia</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		490X	
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 <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>2/3/58</u> to <u>2/25/58</u> and last saw him alive on <u>2/22/58</u> Death occurred at <u>6:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Susan D. 2</u>		22b. ADDRESS <u>2118 High Potosi Mo</u>	
22c. DATE SIGNED <u>2/25/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	
<u>Burial at</u>		<u>2-27-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Shirley Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Mrs. Lutha Spahr Potosi Mo</u>		25. DATE RECEIVED BY LOCAL REG. <u>2/25/58</u>	
26. REGISTRAR SIGNATURE <u>N. Elmer Suddall</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 .....  
Signature of Student Embalmer

Signed *Murphy L Sparks* .....

Licensed Embalmer No. *4236* .....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.