

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-029964**

**FILED VS AUG 18 1959**

Registration District No. 273 Primary Registration District No. \_\_\_\_\_ Registrar's No. 86

STATE FILE NUMBER

|  |  |   |                                      |  |                           |  |       |
|--|--|---|--------------------------------------|--|---------------------------|--|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Perry</u>  |  |   |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> |                           |  |       |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bois Brule Twp.</u>   |  | Length of stay in lb  |                                      | c. CITY OR TOWN <u>Perryville</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>Perryville R.3</u>  |  | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                      | d. STREET ADDRESS (If outside, give location) <u>R.3.</u>  |                           | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |       |
| 3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>x</u> Last <u>Sutterer</u>   |  |   |                                      | 4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1959</u>  |                           |  |       |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>          | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 6, 1873</u> | 9. AGE (last birthday) <u>86</u>   | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HR<br>Days   | Hours |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>  |                                      | 11. BIRTHPLACE (City and state or country) <u>Perry County, Mo.</u>  |                           | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |       |
| 13a. FATHER'S NAME <u>John Sutterer</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  |                                      | 14. NAME OF HUSBAND OR WIFE <u>Matilda Amberger</u>  |                           |  |       |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) <u>No</u>   |  | 16. SOCIAL SECURITY NO.   |                                      | 17. INFORMANT <u>Perryville, Mo. R.3.</u><br><u>Mrs. Matilda Sutterer</u>  |                           |  |       |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Uremia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Carcinoma of transverse colon</u><br>DUE TO (c) <u>6 mo</u> |  |   |                                      |  |                           | INTERVAL BETWEEN ONSET AND DEATH   |       |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |                                      |  |                           | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |       |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 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 _____ a.m. _____ p.m. Month, Day, Year _____  |  |   |                                      |  |                           |  |       |
| 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>14 Nov 58</u> to <u>7/17/59</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>7/12/59</u><br>Death occurred at <u>12:00 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.  |  |   |                                      |  |                           |  |       |
| 22a. SIGNATURE <u>Stanley H. Kesner M.D.</u> (Degree or title)   |  |   |                                      | 22b. ADDRESS <u>Perryville, Mo.</u>  |                           | 22c. DATE SIGNED <u>7/19/59</u> (State)  |       |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>July 20, 1959</u>         | 23c. NAME OF CEMETERY OR CREMATORY <u>St. Boniface Cem.</u>   |                                      | 23d. LOCATION (City, town, or county) <u>Perryville, Mo.</u>   |                           |  |       |
| 24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u> ADDRESS  |  | 25. DATE RECD. BY LOCAL REG. <u>7-21-59</u>   |                                      | 26. REGISTRAR'S SIGNATURE <u>Joe J. Zellmer</u>  |                           |  |       |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Albert Bey*

Licensed Embalmer No. *3816*

P. O. Address *Ferrysville, TN*

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.