

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED FEB 10 1950

State File No. **1971**

BIRTH NO. _____		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5913		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bois Brule Township				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Bois Brule Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville, R.3.				d. STREET ADDRESS (If rural, give location) Perryville, R.3.			
3. NAME OF DECEASED (Type or Print)		a. (First) Fred		b. (Middle) Joseph		c. (Last) Sutterer	
4. DATE OF DEATH		(Month) January		(Day) 22		(Year) 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 9, 1882		9. AGE (In years last birthday) 67	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Frederick Sutterer		13b. MOTHER'S MAIDEN NAME Amelia Bremer		14. NAME OF HUSBAND OR WIFE Frances Huber			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frances Sutterer, Perryville, Mo. R.3.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Lobar pneumonia (R) DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 24 hr 24 hr 490 hr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1-21, 1950 , to 1-22, 1950 , that I last saw the deceased alive on 1-22, 1950 , and that death occurred at 1:25 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. Wiedeman		23b. ADDRESS Do		23c. DATE SIGNED 1-23-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 24, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
DATE REC'D BY LOCAL REG. Jan 24-1950		REGISTRAR'S SIGNATURE Joe J. Zoellner		25. FUNERAL DIRECTOR'S SIGNATURE Albert Bey		ADDRESS Perryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

790

FEB 28 1950

RECEIVED

FEB 6 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-182

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 _____

Licensed Embalmer No. 3866

P. O. Address 32 Perryville, Md.

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.