

FILED MAY 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. **17685**

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 5915		Registrar's No. 38	
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 Central Township		c. LENGTH OF STAY (in this place) 3 Months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Central Township		1790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perryville, R. 4.				d. STREET ADDRESS (If rural, give location) Perryville, R.4.			
3. NAME OF DECEASED (Type or Print) Cora		a. (First)		b. (Middle) Clump		c. (Last) Sutterer	
4. DATE OF DEATH May 24, 1950.		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 16, 1876		9. AGE (in years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Perry County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ferdinand Klump		13b. MOTHER'S MAIDEN NAME Christine Doerr Klump		14. NAME OF HUSBAND OR WIFE Wm. A. Sutterer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Elliott Sutterer Perryville, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumonia DUE TO (c) Senility 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? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE O. J. Miller M.D. (Degree or title)				23b. ADDRESS Perryville, Mo.		23c. DATE SIGNED 5-26-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 26, 1950		24c. NAME OF CEMETERY OR CREMATORY Mt. Hope		24d. LOCATION (City, town, or county) (State) Perryville, Mo.	
DATE REC'D BY LOCAL REG. May 25-1950		REGISTRAR'S SIGNATURE Joseph Zollner		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Boy		ADDRESS Perryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 7 1961

1961

HEALTH OFFICE No. 1

550-739

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. _____

P. O. Address _____

3866

Perryville, 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.