

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PERRY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PERRYVILLE</b>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>PERRYVILLE</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SHELBY ST.</b>		e. STREET ADDRESS (If rural, give location) <b>SHELBY ST.</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>GILBERT</b>	b. (Middle) <b>ANDREW</b>	c. (Last) <b>SUTTERER</b>	(Month) <b>NOVEMBER</b>	(Day) <b>18</b>	(Year) <b>1956</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DECEMBER 1, 1908</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AGRICULTURE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>PERRY COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>HENRY SUTTERER</b>	13b. MOTHER'S MAIDEN NAME <b>MARY HOFFMAN</b>	14. NAME OF HUSBAND OR WIFE <b>LEONA LURK SUTTERER</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-03-7758</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. LEONA SUTTERER, PERRYVILLE, MO.</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5-6 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Diabetes Mellitus</b>		
	DUE TO (b)		<b>15 yrs</b>
	DUE TO (c)		
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 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 4-5, 1946 to 12-4, 1952, that I last saw the deceased alive on 11-17, 1956, and that death occurred at 3:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	23b. ADDRESS <b>Perryville, Mo.</b>	23c. DATE SIGNED <b>11-19-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV. 20, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MR. HOPE CEMETERY</b>	24d. LOCATION (City, town or county) (State) <b>PERRYVILLE, MO.</b>
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DATE REC'D BY LOCAL REG. <b>11-20-56</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Perryville, Mo.</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

JAN 17 1962

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STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *Albert Bey*

Licensed Embalmer No.....

P. O. Address *Perryville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
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.