

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

118

1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry Co Mem Hosp</u>		Length of stay in lb <u>Life</u>		d. STREET ADDRESS <u>103 S Jackson</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>Louis</u> Middle <u>Sutterer</u> Last <u>Sutterer</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>28</u> Year <u>1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐		8. DATE OF BIRTH <u>Sept 2, 1871</u>	
9. AGE (In years last birthday) <u>86</u>		10. FUNDING YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min <u>0</u>		11. BIRTHPLACE (City and state or country) <u>Perry County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>Frederick Sutterer</u>				13b. MOTHER'S MAIDEN NAME <u>Amelia Bramer</u>		14. NAME OF HUSBAND OR WIFE <u>Helen Sutterer</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO.		17. INFORMANT <u>Carl Sutterer</u> Address <u>Perryville Missouri</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>Cerebral thrombosis & left hemiparesis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2d.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <u>332X</u>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes mellitus</u>						19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour <u>a.m.</u> Month <u>6</u> Day <u>13</u> Year <u>56</u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Perryville</u>		COUNTY <u>Missouri</u> STATE <u>Missouri</u>	
21. I attended the deceased from <u>6-13-56</u> to <u>10-21-57</u> and last saw him alive on <u>10-28-57</u> Death occurred at <u>9 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>G. F. Fairchild, M.D.</u>				22b. ADDRESS <u>Perryville, Mo.</u>		22c. DATE SIGNED <u>10-30-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct 31, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope</u>		23d. LOCATION (City, town, or county) (State) <u>Perryville Missouri</u>	
24. FUNERAL DIRECTOR <u>Young & Sons Perryville</u>				25. DATE RECD. BY LOCAL REG. <u>Nov 1-57</u>		26. REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Wallace Young*

Licensed Embalmer No. *4022*

P. O. Address *Perryville*

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.