

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-019188

STATE FILE NUMBER

FILED MAY 23 1958

Registration District No. 223 Primary Registration District No. 3051 Registrar's No. 48

S. 300  
1-57

7910

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

|  |                                  |   |  |
|--|----------------------------------|---|--|
| 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)<br>OR TOWN <u>Perryville</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN <u>Perryville</u>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Perry County Memorial Hosp.</u>  |                                  | Length of stay in 1b  | d. STREET ADDRESS (If outside, give location)<br><u>R. 4</u>                                       |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Lawrence Vincent Huber</u>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><u>April 28, 1958</u>  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><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<br><u>June 20, 1867</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Agriculture</u>   | 9. AGE (In years at birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.<br><u>90</u> Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |                                  | 11. BIRTHPLACE (City and state or country)<br><u>Perry County, Mo.</u>  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>  |
| 13a. FATHER'S NAME<br><u>Andreas Huber</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Frances Hunt</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>Clara T. Sutterer</u>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>500-42-3676</u>   | 17. INFORMANT<br>Address <u>R. 4</u><br><u>Linus Hoffman, Perryville, Mo</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>Cerebral Occlusion</u>   |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>18 hrs.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Chronic Cardio-vascular disease</u>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |
| DUE TO (c) <u>disease</u>  |                                  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   | 4221   |
| 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<br>Hour Month, Day, Year<br>a.m. p.m.  |                                  |   |  |
| 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>April 6, 1958</u> to <u>April 28, 1958</u> and last saw her alive on <u>Apr 28, 1958</u><br>Death occurred at <u>5440 P</u> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>O. A. Carrow M.D.</u>   |                                  | 22b. ADDRESS<br><u>Perryville Mo</u>  |  |
|  |                                  | 22c. DATE SIGNED<br><u>4-30-58</u>  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>MAY 1, 1958</u>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><u>Mt. Hope Cemetery</u>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><u>Perryville, Mo.</u>   |  |
| 24. FUNERAL DIRECTOR<br><u>Albert Bey, Perryville, Mo.</u>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><u>5-1-58</u>   |  |
| ADDRESS  |                                  | 26. REGISTRAR'S SIGNATURE<br><u>Joe J. Zoellner</u>   |  |

