

FILED AUG 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **26710**BIRTH NO. 13 REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Brundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Brundy MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton, Mo</u>	
c. LENGTH OF STAY (In this place) <u>1</u> <u>11E</u>		d. STREET ADDRESS (If rural, give location) <u>601 W. 6th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>932 Jacleda Ave</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>FRANK</u> c. (Last) <u>Custard</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1949</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		
8. DATE OF BIRTH <u>Sept. 6 1867</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR: Months <u>10</u> Days <u>21</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBER</u>		11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>						

13a. FATHER'S NAME <u>Charles H. Gustard</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Hilligass</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Gibbs Gustard</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. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Hopkins</u> ADDRESS <u>Trenton, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteri Sclerosis</u>						<u>1 or 2 years</u>	
ANTECEDENT CAUSES		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4500</u>	
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) m.		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 July 19 1949, to July 27 1949, that I last saw the deceased alive on July 27 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Trenton</u>		23c. DATE SIGNED <u>July 28 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 29 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Trenton, Mo</u>	

DATE REC'D BY LOCAL REG. <u>7-29-49</u>		REGISTRAR'S SIGNATURE <u>Doree Jan 115</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lipsoni by Gordon Blackmer</u> ADDRESS <u>Trenton, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



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.....

.....
working under my personal supervision.

Student Embalmer No.

Student
Student Embalmer

Signed J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Juntura, Missouri

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.