

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16267

BIRTH NO. REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 73

0402

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DAVIESS</u>	
b. CITY OR TOWN <u>TRENKON</u>		c. CITY OR TOWN <u>RURAL</u> 0310	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R. 70 JAMESPORT, MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CULLERS HOSP</u>		3. NAME OF DECEASED a. (First) <u>ELIAS</u> b. (Middle) <u>GUSTIN</u> c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 13, 1951</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED 3</u>	
8. DATE OF BIRTH <u>August 17, 1869</u>		9. AGE (In years last birthday) <u>81</u> 8 <u>26</u> 1 <u>1</u> 1/2	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER, RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	
11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JACOB GUSTIN</u>		13b. MOTHER'S MAIDEN NAME <u>AMELIA WARNER</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY GUSTIN</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>S. W. Cross</u> ADDRESS <u>Belmont City</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>few days</u> ANTECEDENT CAUSES DUE TO (b) <u>Influenza</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> INTERVAL BETWEEN ONSET AND DEATH <u>few days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>	
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) (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 <u>May 5</u> , 1951, to <u>May 13</u> , 1951, that I last saw the deceased alive on <u>May 13</u> , 1951, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. Cullers M.D.</u> (Degree or title)		23b. ADDRESS <u>Prenton, Mo.</u>	
23c. DATE SIGNED <u>5-14-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>MAY 14/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Scotland Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Davess County, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Davis</u> ADDRESS <u>Davess - Blackmore, Prenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/14/51</u>		REGISTRAR'S SIGNATURE <u>J. Davis</u>	

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

Dr. Cullen.



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.

Signed.....
Student Embalmer

Roy E. Williamson
Student Embalmer

Student Embalmer No.....

422

Signed.....

Raymond A. Davis

Licensed Embalmer No.....

3424

P. O. Address.....

Stenton 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.