

FILED APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

7567

BIRTH NO.		REG. DIST. NO. <u>47</u>	PRIMARY REG. DIST. NO. <u>3008</u>	Registrar's No. <u>105</u>
1. PLACE OF DEATH a. COUNTY <u>0143</u> <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u> <u>0140</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Fulton Township</u>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Callaway County Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Earnest Edwin</u> b. (Middle) <u>Custard</u> c. (Last) <u>Custard</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1952</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Dec. 2, 1876</u>	9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James F. Custard</u>		
13b. MOTHER'S MAIDEN NAME <u>Sarah Robinson</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. Edwin Custard</u> ADDRESS <u>Rt 2 Fulton</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis, Chronic, progressive</u> DUE TO (c) <u>Atherosclerotic Cardiovascular Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pylonephritis with anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> <u>2 yrs</u> <u>yes</u> <u>2 months</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)		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>15 Jan, 1952</u> to <u>23 Mar, 1952</u> , that I last saw the deceased alive on <u>23 Mar, 1952</u> , and that death occurred at <u>12:04</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. J. G. (unintelligible)</u> (Degree or title)		23b. ADDRESS <u>Fulton, Mo</u>		23c. DATE SIGNED <u>26 Mar 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Central</u>	24d. LOCATION (City, town, or county) (State) <u>Callaway County Mo.</u>
DATE REC'D BY LOCAL REG. <u>Mar 27 1952</u>		REGISTRAR'S SIGNATURE <u>Marretta Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Maryann Funnell</u> ADDRESS <u>Home Fulton Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

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

As
stated

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
Student Embalmer

Signed Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address Fulton 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.