

FILED APR 11 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8112

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 13v PRIMARY REG. DIST. NO. 3021 Registrar's No. 54

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>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Trenton</u> <u>0402</u>	
c. LENGTH OF STAY (in this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>1901 Oak Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1901 OAK Street (family Home)</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>HARRY</u>	b. (Middle) <u>A</u>	c. (Last) <u>CUSTARD</u>	(Month) <u>APRIL</u>	(Day) <u>2</u>	(Year) <u>1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 12 1897</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u>	IF UNDER 24 HRS. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railway Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u></u>
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13a. FATHER'S NAME <u>Charles Custard</u>	13b. MOTHER'S MAIDEN NAME <u>Etta Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel McWaid Custard</u>
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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>708-14-8820</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. HARRY CUSTARD</u>	ADDRESS <u></u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u></u>		<u>3 mos</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>33ix</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Apr 2, 1952 to Apr 2, 1952, that I last saw the deceased alive on Apr 2, 1952 and that death occurred at 7 P. 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 Mo</u>	23c. DATE SIGNED <u>Apr 4</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>APR 4 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I 007 Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Edinburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>April 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Jeanne Fair</u>	115	25. FUNERAL DIRECTOR'S SIGNATURE <u>DAVIS - BLACKMORE</u>	ADDRESS <u>Trenton, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

E.A. Duffy

MAR 4 1953

MAY 18 1959

FEB 12 1952

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. 454

working under my personal supervision.

Student Harold L. Roberts  
Student Embalmer

Signed J. Gordon Blackmore  
Licensed Embalmer No. 4602

P. O. Address Juntura, 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.