

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45259

State File No. _____
Registrar's No. 200

FILED JUN 1- 1953

BIRTH NO. _____		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 5171		Registrar's No. 200	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Michigan b. COUNTY Muskegon			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural unknown St Aubert		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Muskegon		8210	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri River				e. STREET ADDRESS (If rural, give location) 1148 Howden			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Charles c. (Last) Gustafson Sr			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1952 ?				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4 1880?	9. AGE (In years last birthday) 71?	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cook		10b. KIND OF BUSINESS OR INDUSTRY Instatution		11. BIRTHPLACE (City and State or Foreign Country) Michigan		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME unknown Gustafson		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Grace Gustafson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes Mexican Border		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Gustafson Jr. Muskegon Mich.			
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) <i>Asphyxiation</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Drowning</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <i>acute</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <i>?</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bridge, etc.) <i>Missouri River Unknown</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Unknown</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>December?, 1952</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Unknown</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>Andrew J. Lavis, M.D. Coroner</i>				23b. ADDRESS <i>Fulton, Missouri</i>		23c. DATE SIGNED <i>5-29-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>May 29/53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>D.K.</i>		24d. LOCATION (City, town, or county) (State) <i>Muskegon Michigan</i>		
DATE REC'D BY LOCAL REG. <i>May 30-1953</i>		REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Margie Fernald Home</i>		ADDRESS <i>Fulton Mo</i>	

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

JUN 9 1950

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Wm. A. Stewart

Licensed Embalmer No. *3722*

P. O. Address *Fulton Ms.*

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.