

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35175

State File No. ....  
Registrar's No. .... 335

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>	c. LENGTH OF STAY (in this place) <u>10 yrs</u>	c. CITY OR TOWN <u>Fulton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 309 Oak St</u>		e. STREET ADDRESS (If rural, give location) <u>309 Oak St.,</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gillie</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Custard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 14 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept-9-1865</u>	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>88 1 5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Al Wood</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline McCowan</u>	14. NAME OF HUSBAND OR WIFE <u>John William 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Annie Kinney Fulton, Mo.</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>1 yr.</u>
	i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gastric Carcinoma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Chronic myocarditis paralysis Agitans</u>		<u>10 yrs 7 yrs</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>151 X</u>
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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 May 14, 1946, to Oct 14, 1953, that I last saw the deceased alive on Oct 7, 1953, and that death occurred at 4:05 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lloyd E. Hutchins - D.O.</u>	23b. ADDRESS <u>Fulton, Missouri</u>	23c. DATE SIGNED <u>Oct. 17, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct-16-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ebenezer Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural E. Fulton Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 17-1953</u>	REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wallace Funeral Home, Fulton, 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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William C. Krebs*

Licensed Embalmer No. *4876*

P. O. Address *Hullton, T.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.