

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028707
STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 12

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Dunklin</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Dunklin</i>	
b. CITY OR TOWN <i>Hammersville Mo</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Hammersville</i> 0350 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Hermie Custer</i>		4. DATE OF DEATH Month Day Year <i>8-25-58</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>8-19-1895</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Work</i>		9. AGE (In years last birthday) Months Day Hours Min. <i>63 0 2</i>	
10b. KIND OF BUSINESS OR INDUSTRY		10. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
11. BIRTHPLACE (City and state or country) <i>Camden Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>Jim Johnson</i>		13b. MOTHER'S MAIDEN NAME <i>Lizzie Douglas</i>	
14. NAME OF HUSBAND OR WIFE <i>Fred Custer</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>Fred Custer Hammersville Mo Rt 1</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>20 min</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>4201</i>	
21. I attended the deceased from _____ to _____ and last saw ^{her} _{him} alive on _____ Death occurred at <i>1:00 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Quinton Tavel</i>		22b. ADDRESS <i>Coroner Kennett Mo.</i>	
22c. DATE SIGNED <i>9-2-58</i>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		23b. DATE <i>8-27-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt Zion</i>		23d. LOCATION (City, town, or county) (State) <i>Steele Mo</i>	
24. FUNERAL DIRECTOR ADDRESS <i>Hermon Tendl Co. Steele Mo</i>		25. DATE RECD. BY LOCAL REG. <i>9-16-58</i>	
26. REGISTRAR'S SIGNATURE <i>Auel Palenske</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

COUNTY FILE NUMBER 158-594

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 *Noel C Jean*

Licensed Embalmer No. *3941*
P. O. Address *Caruthers*

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.