

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000484  
STATE FILE NUMBER

FILED FEB 2 1959		Registration District No. 47	Primary Registration District No. 5164	Registrar's No. 36
1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE mo. - b. COUNTY Callaway		
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN Fulton Twp. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Fulton 0140		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 4		Length of stay in 1b years		d. STREET ADDRESS Rt 4. Fulton (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Ely Custard		4. DATE OF DEATH Month Day Year Jan. 28, 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 18, 1890	9. AGE (In years and birthday) 69 IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Coal Miner		10b. KIND OF BUSINESS OR INDUSTRY Miner		11. BIRTHPLACE (City and state or country) Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Thomas Custard		
14. MOTHER'S MAIDEN NAME Clara Dunn		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Rt 4 Mrs. Clarence Custard Fulton, Mo.		
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>Carcinoma of Rectum</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 8 mos
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 1545		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 1950, to Death and last saw her him alive on 1-25-59 Death occurred at 9:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) John J. Brown M.D.		22b. ADDRESS Fulton Mo		22c. DATE SIGNED 1-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan. 31, 1959	23c. NAME OF CEMETERY OR CREMATORY Hill-crest Demetery	23d. LOCATION (City, town, or county) (State) Fulton, Mo.	
24. FUNERAL DIRECTOR ADDRESS Mapin Funeral Home, Fulton, Mo.		25. DATE RECD. BY LOCAL REG. Jan. 31-1959	26. REGISTRAR'S SIGNATURE Maretta Lawrence	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

h, Ifare ic ic 0 56 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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JAN 13 1964

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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 *Marshall G. Black*

Licensed Embalmer No...4

P. O. Address... *Fulton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.