

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Callaway Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Four hours
(Specify whether years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Calwood
(If outside city or town limits, write "RURAL")
(d) Street No. No number
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME RAYMON HERSEL GUSTARD

3. (b) If veteran, name war No 3. (c) Social Security No 2914-1434

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 20 1903
(Month) (Day) (Year)

8. AGE: Years 37 Months 7 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Calwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name John William Custard

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name GILLIE ANN WOOD

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant John Custard

(b) Address Calwood, Mo.

17. (a) BURIAL (b) Date thereof Nov 9 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eber Nezer

18. (a) Signature of funeral director Leo Wallace PAI

(b) Address Fulton Mo. 650

19. (a) Nov 9 1940 (b) _____
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7 year 1940 hour 12:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 7 1940 to Nov 7 1940

that I last saw him alive on Nov 7 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke Duration 4 hrs.

Due to Ruptured Aneurysm of Basilar Artery

Due to Emulsion of Iodine Probable Fract. Pelvis

Other conditions none
(Include pregnancy within 3 months of death)

Duration

"

"

"

"

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11-7-40

(c) Where did injury occur? Calwood Callaway Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Road

While at work? no (Specify type of place) (a) Means of injury Truck

23. Signature John J. Brown (M. D. or other) /

Address Fulton Mo Date signed 11-8-40

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

210 m
95

7-710

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed James A. Mudd

Licensed Embalmer No. 4152

P. O. Address Fulton, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38313

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 114

Primary Registration District No. 3008

Registrar's No. _____

1. PLACE OF DEATH

(a) County Callaway
(b) City or town Fulton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Raymond Herschel Custard

(b) If veteran, name war _____

(c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years
7. Birth date of deceased. (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 7 17 _____ hr. _____ min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof. (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 7 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____; that I last saw him _____ alive on _____ 19 _____ and that death occurred on the _____ day and hour stated above.
Immediate cause of death Shock

Due to Ruptured urethra
Evulsion of scrotum

Due to _____
Other conditions (Include pregnancy within 3 months of death) 710 71

Major findings: Of operations _____

Of autopsy Removal by truck

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) acc.

(b) Date of occurrence 11-7-40

(c) Where did injury occur? Callaway Co. Calumet, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road - State maintained (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John J. Brown (M. D. or other)

Address Fulton, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
RAWIENA MOORE

SUPPLEMENTAL

