S. No. 2
DM—2-43
y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37442

State File No.

Registration District No. 59 Primary Registration District No. 4099 Registrar's No. 173

1. PLACE OF DEATH:

(a) County Cass

(b) City or town Pleasant Hill
(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 1 (Specify whether
In this community life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19

(c) City or town Pleasant Hill, Mo. 2
(If outside city or town limits, write "RURAL") 0

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Byard Gustin

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Mary Alice Guston

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Oct 5 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 3 If less than one day hr. min.

9. Birthplace Pleasant Hill Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

FATHER
12. Name W. H. H. Gustin
13. Birthplace ? Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Peirce
15. Birthplace New Albany Ind. 1
(City, town, or county) (State or foreign country)

16. (a) Informant William Justin Jr.
(b) Address Pleasant Hill, Mo.

17. (a) Burial (b) Date thereof 11-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director Allen Brownfield
(b) Address Pleasant Hill, Mo.

19. (a) Nov. 14, 1944 (b) Margaret Tolle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month nov. day 8
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov. 2, 1944, to Nov. 8, 1944
that I last saw him alive on Nov. 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Squamous cell carcinoma of lipiae metastatis

Due to to side of face & neck

Due to

Other conditions 53
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

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)

(b) Date of occurrence

(c) Where did injury occur?
(City or town) (County) (State)

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

While at work? (e) Means of injury 0

23. Signature L. Murray M.D. (M.D. or other)

Address Pleasant Hill Mo. Date signed 11/14/44

.047

(Licensed Embalmer's Statement on Reverse Side)

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 By me 11-8-44, Registered Apprentice No.....,
working under my personal supervision.

Signed Allen Brownfield

Licensed Embalmer No. 3785

P. O. Address Pleasant Hill

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.