No. 300
10.48

DEC 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41961

BIRTH NO. _____ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 5428 Registrar's No. 30

360

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labadie.
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Labadie, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Labadie. 0360
d. STREET ADDRESS (If rural, give location): x 0

3. NAME OF DECEASED (Type or Print): a. (First) Florence b. (Middle) Frances c. (Last) Custance.

4. DATE OF DEATH (Month) Dec. (Day) 9th, (Year) 1952.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mar. 17th, 1872.
9. AGE (In years last birthday): 80 — If under 1 year: Months 8, Days 22 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework.
10b. KIND OF BUSINESS OR INDUSTRY: x
11. BIRTHPLACE (State or foreign country): New York, N. Y.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Joseph Leary.
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF HUSBAND ~~OR WIFE~~: Wm. Joseph Custance.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jos. T. Davis — ADDRESS: Labadie, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis. — —
DUE TO (c) diabetes mellitus — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. gangrene small area great toe

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☒

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 8, 1951, *to* Dec 9, 1952, *that I last saw the deceased alive on* Dec 2, 1952, *and that death occurred at* 4:9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lomunch M.D.
23b. ADDRESS: 203 Elm Washington Mo.
23c. DATE SIGNED: 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 11, 1952
24c. NAME OF CEMETERY OR CREMATORY: Berger Cemetery,
24d. LOCATION (City, town, or county) (State): Berger, Mo.

DATE REC'D BY LOCAL REG.: Dec. 9-52
REGISTRAR'S SIGNATURE: Mary B. Gross 94-0
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt, Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 195[illegible]

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 .....
Student Embalmer

Signed Jerome F Swoboda

Licensed Embalmer No. 4507

P. O. Address Washington

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.