

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

920

State File No. ....

0362  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>12</u>		
1. PLACE OF DEATH a. COUNTY <b>Franklin</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Washington, Mo.</b>		c. LENGTH OF STAY (In this place) <b>15 Days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural- Boles</b>		<b>0360</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>R. F. D. Labadie</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Joseph</b> c. (Last) <b>Custance</b>			4. DATE OF DEATH (Month) <b>Jan.</b> (Day) <b>9</b> (Year) <b>1953</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 5, 1874</b>	9. AGE (In years last birthday) <b>78</b>	# UNDER 1 Year <b>11</b>	Year <b>4</b>	# UNDER 1 Min. Hours <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired-Executive</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Toronto, Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Charles Custance</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Florence E. Custance</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Joe T. Davis, Labadie, Mo. R. F. D.</b>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p style="text-align: center;"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Melanotic Carcinoma of bowels</b> <b>&amp; Metastases</b> DUE TO (b) <b>Carcinoma of prostate</b> DUE TO (c) _____                      ANTECEDENT CAUSES                      Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.                      II. OTHER SIGNIFICANT CONDITIONS:                      Conditions contributing to the death but not related to the disease or condition causing death.</p>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>177X</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>June 1, 1953</b> to <b>June 9, 1953</b> , that I last saw the deceased alive on <b>July 8, 1953</b> and that death occurred at <b>Labadie, Mo.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Tommy</b>				23b. ADDRESS <b>Washington, Mo.</b>		23c. DATE SIGNED <b>1-9-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>January 11, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Berger Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Berger, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Jan 12 1953</b>		REGISTRAR'S SIGNATURE <b>J.P. Hedstrom by L.P. Hedstrom Reg.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Nieburg &amp; Vitt Inc. Washington, Missouri</b>				

JUN 22 1955

**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. Svoboda  
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.