No. 300
10.48

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11056

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 95

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 4 1/2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): KIRKSVILLE OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Green Castle 1050
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Bruce
c. (Last): Custer

4. DATE OF DEATH (Month) (Day) (Year): 4-20-54

5. SEX: Mal
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 13, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): General Store
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): Green Castle, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A. Amer.

13a. FATHER'S NAME: J. Peter Custer
13b. MOTHER'S MAIDEN NAME: Elizabeth Walters
14. NAME OF HUSBAND OR WIFE: Mrs. Edith Custer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. EDITH CUSTER, GREEN CASTLE, 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) Exsanguination — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemorrhage — 4 hrs.
DUE TO (c) Carcinomatosis — 6 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rectal Carcinoma 1949

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154 X
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.): None.
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* April 20, 1954, *to* April 20, 1954, *that I last saw the deceased alive on* April 20, 1954, *and that death occurred at* 2 47 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mr Gutensohn DO
23b. ADDRESS: Kirksville Mo
23c. DATE SIGNED: 4-20-54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: APRIL 22, 1954
24c. NAME OF CEMETERY OR CREMATORY: GREEN CASTLE CEMETERY
24d. LOCATION (City, town, or county) (State): GREEN CASTLE, MO.

DATE REC'D BY LOCAL REG.: 4-23-54
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Glenn E. Kent & Son, Green City, Mo.

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Signed Karl K. Kent

Signed.....
Student Embalmer

Licensed Embalmer No. 4689

P. O. Address Green City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.