

FILED AUG 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26223

BIRTH NO.		REG. DIST. NO. 27	PRIMARY REG. DIST. NO. 300	Registrar's No. 85
1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates		
b. CITY (If outside corporate limits, write RURAL and give township) Butler		c. LENGTH OF STAY (in this place) 3 WKS		c. CITY (If outside corporate limits, write RURAL and give township) Amsterdam 0020
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Butler Memorial hospital		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) Clemens b. (Middle) Earl c. (Last) Custer		4. DATE OF DEATH (Month) (Day) (Year) 8-17-54		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-10-1885	9. AGE (In years last birthday) 68 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) painter		10b. KIND OF BUSINESS OR INDUSTRY house	11. BIRTHPLACE (State or foreign country) Montrose, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Elwood Custer		13b. MOTHER'S MAIDEN NAME unk.	14. NAME OF HUSBAND OR WIFE Cora 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. 500-10-6821	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Custer Amsterdam, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinomatosis ANTECEDENT CAUSES DUE TO (b) Carcinoma Prostate DUE TO (c) Carcinoma Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obstructed Colon 153X		INTERVAL BETWEEN ONSET AND DEATH 6 mos
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION General Carcinomatosis - Colon		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) m.	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 Jan 12, 1954 , to July 17, 1954 , that I last saw the deceased alive on July 19, 1954 , and that death occurred at 7 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Carter W. Luter, MD		23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 8-18-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8-19-54	24c. NAME OF CEMETERY OR CREMATORY Scott cemetery	24d. LOCATION (City, town, or county) (State) Bates County, Mo.	
DATE REC'D BY LOCAL REG. 8-28-54	REGISTRAR'S SIGNATURE Rendall Kersing	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Angold Amsterdam, Mo.		

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

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 _____

Robert L. Mangold

Student Embalmer No. 504

working under my personal supervision.

Student *Robert L. Mangold*
Student Embalmer

Signed *Walter B. Runyan*

Licensed Embalmer No. 3222

P. O. Address Louisburg, Va.

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.