

Health, Welfare, Public Service  
0-56  
0  
7-0  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED MAR 6 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 3672

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <i>Bates</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>St. Clair</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Butler</i>		c. CITY OR TOWN <i>Rt.#3-Osceola</i> 0930 0	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>Butler Hospital</i>		Length of stay in lb <i>15 days</i>	
3. NAME OF DECEASED (Type or print) First <i>ALBERT</i> Middle <i>CONRAD</i> Last <i>VENTER</i>		4. DATE OF DEATH Month <i>2</i> Day <i>22</i> Year <i>57</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 30, 1901</i> 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own farm.</i>	
11. BIRTHPLACE (City and state or country) <i>St. Clair Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Johannes Venter</i>		14. MOTHER'S MAIDEN NAME <i>Dora Roe</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no none</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Alice Venter- Rt#3 Osceola, Mo.</i>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatous - Secondary</i> to high grade Adeno-Carcinoma (Colloid type) plumbe flexure (Colon) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>plumbe flexure (Colon)</i> DUE TO (c) <i>plumbe flexure (Colon)</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <i>15 3x</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour <i>a. m.</i> Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from birth to death and last saw him alive on <i>Feb 22, 1957</i> Death occurred at <i>8:17 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Chas. A. Luck Jr M.D.</i>		22b. ADDRESS <i>State Bk. Bldg. Butler, Mo.</i>	
22c. DATE SIGNED <i>2/25/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>2-25-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Love Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Cedar County, Mo.</i>	
24. FUNERAL DIRECTOR <i>Edwin Canfield</i>		ADDRESS <i>El Dorado Sps., Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>Feb. 25, 1957</i>		26. REGISTRAR'S SIGNATURE <i>Kendall Kersay</i>	

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.....  
Signature of Student Embalmer

Signed.....*May W. Dickering*

Licensed Embalmer No. ....467

P. O. Address *El Dorado*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.