

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

|  |   |  |  |   |   |  |  |
|--|---|--|--|---|---|--|--|
| BIRTH NO. _____  |   | REG. DIST. NO. <u>82</u>   |  | PRIMARY REG. DIST. NO. <u>3017</u>  |   | Registrar's No. <u>107</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cooper</b>   |   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b> |   |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>  |   | c. LENGTH OF STAY (in this place) <b>Life</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Boonville</b>   |   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>   |   |  |  | d. STREET ADDRESS (If rural, give location) <b>414 Vine St.</b>   |   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>William</b>   |   |  | b. (Middle) <b>Washington</b>                          |   | c. (Last) <b>Custer</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>September 11 1949</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>March 6<sup>th</sup> 1879</b>      |   | 9. AGE (in years last birthday) <b>70</b>                               | IF UNDER 1 YEAR Months   | IF UNDER 24 HRS. Days Hours Min.                               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>On farm</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>  |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |  |
| 13a. FATHER'S NAME <b>George Custer</b>  |   |  | 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>               |   | 14. NAME OF HUSBAND OR WIFE <b>Olive May Ellison Custer</b>             |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |   | 16. SOCIAL SECURITY NO. _____  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Paul Hatton, Boonville, Mo.</b>   |   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>                         | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Stomach with metastasis</b>                                   |  |  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>5 mo</b>                   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |   |   |  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Asthma (Bronchial)</b> |  |  |   |   |  | <b>15 IX</b>   |
| 19a. DATE OF OPERATION _____   |   | 19b. MAJOR FINDINGS OF OPERATION <b>None</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) _____  |   | 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 <u>Aug 10, 1949</u> , to <u>Sept 11, 1949</u> , that I last saw the deceased alive on <u>Sept 11, 1949</u> and that death occurred at <u>12:30 P.m.</u> , from the causes and on the date stated above. |   |  |  |   |   |  |  |
| 23a. SIGNATURE <b>T.C. Bickett md</b>  |   |  |  | 23b. ADDRESS <b>Boonville Mo</b>  |   | 23c. DATE SIGNED <b>9-12-49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |   | 24b. DATE <b>Sept. 13<sup>th</sup> 1949</b>  | 24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b> |   | 24d. LOCATION (City, town, or county) (State) <b>Boonville Missouri</b> |  |  |
| DATE REC'D BY LOCAL REG. <b>Sept 16-49</b>   |   | REGISTRAR'S SIGNATURE <b>[Signature]</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Goodman &amp; Boller, Boonville, Mo.</b>  |   | ADDRESS _____  |  |

RECEIVED SEP 19

Health Officer No. 8

File Number

Date Filed 9-27-79

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Roanville, Mo.

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.