

FILED NOV 5 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33851**  
**4824**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Lebanon</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>3 mos.</b>		STREET ADDRESS (If rural, give location) <b>771 South Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Veterans Administration Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Stanley</b>	b. (Middle) <b>D.</b>	c. (Last) <b>Custer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>October 17, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 27, 1926</b>	9. AGE (In years last birthday) <b>28</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Telephone Lineman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>United Telephone Co.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Burton, Nebraska</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Jess B. Custer</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Wiley</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Custer</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW II</b>	16. SOCIAL SECURITY NO. <b>505 28 9653</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Official Records, VA Hospital, K.C., Mo.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Abscesses, lung, multiple, with pleural effusion and bronchopneumonia.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 month</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Lymphoma, Hodgkins type, involving liver, spleen, lymph nodes and lungs.</b>		<b>3 years</b>
	DUE TO (c) <b>Cirrhosis, biliary.</b>		<b>1 year</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>YES</b> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) <b>VA</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 16, 1954, to October 17, 1954, ~~that I have signed this certificate~~ and that death occurred at 12:15p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. C. YOUNG, C.C. Young M.D.</b>	23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>	23c. DATE SIGNED <b>10-17-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT-18-1954</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>LEBANON MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>10-18-54</b>	REGISTRAR'S SIGNATURE <b>neva minahall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.A. Newman's Son</b>	ADDRESS <b>1331 BRADY CREEK KANSAS CITY, MISSOURI</b>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

NOV 19 1954

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 *Richard L. Rogers*

Licensed Embalmer No. 495

P. O. Address *F. L. Smith*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.