

FILED JAN 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41312

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2148 PRIMARY REG. DIST. NO. 4257 Registrar's No. 12

1. PLACE OF DEATH  
a. COUNTY Johnson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leeton  
c. LENGTH OF STAY (In this place) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Leeton, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Johnson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Leeton  
d. STREET ADDRESS (If rural, give location) Leeton, Missouri

3. NAME OF DECEASED  
a. (First) Walter b. (Middle) Lee c. (Last) Perry  
4. DATE OF DEATH December 4, 1950

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH September 23, 1870 9. AGE (In years last birthday) 80

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

13a. FATHER'S NAME William Perry 13b. MOTHER'S MAIDEN NAME Mary Garrett 14. NAME OF HUSBAND OR WIFE Lula Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mrs Lula Perry ADDRESS Leeton, Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Carcinoma of Pancreas  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH 6 months  
159X

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 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.) \_\_\_\_\_ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 June, 1950, to Dec 4, 1950 that I last saw the deceased alive on 12-4, 1950, and that death occurred at 3:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. Lee Cooper, M.D. 23b. ADDRESS Warrensburg Mo 23c. DATE SIGNED 12-7-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-5-50 24c. NAME OF CEMETERY OR CREMATORY Windsor Cemetery 24d. LOCATION (City, town, or county) (State) Windsor, Missouri

DATE REC'D BY LOCAL REG. 12-9-1950 REGISTRAR'S SIGNATURE Mumie DeHasker 149 25. FUNERAL DIRECTOR'S SIGNATURE W.B. Brunninger ADDRESS Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 9 1951

RECEIVED  
JAN 6 1950  
JOHNSON COUNTY HEALTH DEPT

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed... *M. Banninger*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3377*

P. O. Address *Warrensburg, 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.