

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41691

State File No. ....

5603

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> <u>0128</u>	
c. LENGTH OF STAY (In this place) <u>20 years</u>		d. STREET ADDRESS (If rural, give location) <u>5926 BROOKSIDE</u> <u>000</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>CHRISTIAN</u>	c. (Last) <u>LERUM</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 25-1951</u>
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5. SEX <u>MALE</u> <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> <u>1</u>	8. DATE OF BIRTH <u>MARCH-6-1876</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED MANG. OF PAINT DEPT. GLASS CO.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>PITTSBURGH, MISSOURI</u>	11. BIRTHPLACE (State or foreign country) <u>SUN PRAIRIE, WISCONSIN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>JOHN LERUM</u>	13b. MOTHER'S MAIDEN NAME <u>MARY BERRIS</u>	14. NAME OF HUSBAND OR WIFE <u>MARY C. LERUM</u>
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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) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-07-8534</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MARY C. LERUM</u>	ADDRESS <u>5926 BROOKSIDE K.C. MO</u>
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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) <u>Carcinomatous Penetrating Pancreatic Cancer</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>157X</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of Pancreatic Head</u> DUE TO (c) <u>Hypotonic Pneumonia</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Above</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 12-27-51, 1951, that I last saw the deceased alive on 12-27-51, 1951, and that death occurred from the causes and on the date stated above.

23a. SIGNATURE <u>Russell W. Ke...</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>St. Joseph Hosp</u>	23c. DATE SIGNED <u>26 Dec 51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC. 27, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>AURORA ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>12-27-51</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u>	ADDRESS <u>St. Louis, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VI 1919

**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.....  
Student Embalmer

Signed.....  
*Robert Ray*

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.**