

**STANDARD CERTIFICATE OF DEATH**

**36533**

State File No. ....

No. 300  
10.48

*Filed*  
**FILED OCT 19 1953**

REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 353

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Marion</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1918 Broadway</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Walter</u> b. (Middle) <u>Vaughn</u> c. (Last) <u>Perry</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 11 1953</u>		
<b>5. SEX</b> <u>Male</u>		<b>6. COLOR OR RACE</b> <u>White</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	
<b>8. DATE OF BIRTH</b> <u>12/24/1915</u>		<b>9. AGE</b> (In years last birthday) <u>37</u>		<b>10. IF UNDER 1 YEAR</b> (Specify) <u>9</u> Months <b>IF UNDER 1 YEAR</b> (Specify) <u>0</u> Hours <b>IF UNDER 24 HRS.</b> (Specify) <u>0</u> Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Insurance</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>LaPlate, Missouri</u>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	

<b>13a. FATHER'S NAME</b> <u>Ace B. Perry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fleta Denton</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Harrietta Perry</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Harrietta Perry</u>	
				<b>ADDRESS</b> <u>Hannibal, Mo.</u>	

<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <u>Hannibal, Mo.</u> 1918 Broadway, DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma to Heart Lungs</u> ANTECEDENT CAUSES <u>spleen, adrenal, kidneys &amp; lymph nodes</u> DUE TO (b) <u>Primary CARCINOMA of TAIL OF PANCREAS.</u> DUE TO (c)			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>157X</u>	

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>11:25A</u>		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>25 July 1952</u>, to <u>11 Oct 1953</u>, that I last saw the deceased alive on <u>11 Oct 1953</u>, and that death occurred at <u>11:25A</u> m., from the causes and on the date stated above.</b>					

<b>23a. SIGNATURE</b> <u>[Signature]</u>		<b>23b. ADDRESS</b> <u>Hannibal Mo.</u>		<b>23c. DATE SIGNED</b> <u>Oct 12/53</u>	
<b>24a. PORTAL (CREMATION REMOVAL) (Specify)</b>		<b>24b. DATE</b> <u>10/13/53</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Walnut Ridge Cemetery</u>	
				<b>24d. LOCATION (City, town, or county) (State)</b> <u>Fayette, Missouri</u>	

<b>DATE REC'D BY LOCAL REG.</b> <u>10/12/53</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>[Signature]</u>	
				<b>ADDRESS</b> <u>Hannibal Mo.</u>	

189-0 (Licensed Embalmer's Statement on Reverse Side)

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

OCT 17 1958

5007

RECEIVED  
MARION CO. HEALTH DEPT.  
OCT 17 1958  
DATE FILED

MAR 6 1959

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 St M O'Honnell

Licensed Embalmer No. 3889

P. O. Address Harwood, 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.

*Michael James ...*