

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26943**  
Registrar's No. **159**

FILED SEP 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041**

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Macon</b>	
b. CITY OR TOWN <b>Macon</b>	c. LENGTH OF STAY (In this place) <b>15 yrs.</b>	c. CITY OR TOWN <b>Macon</b> <b>06110</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>317 E. 3rd. St.</b>		d. STREET ADDRESS (If rural, give location) <b>317 E. 3rd. St.</b>	

3. NAME OF DECEASED (Type or Print) <b>Zenobia Perkins Grant.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 28, 1955</b>		
5. SEX <b>3</b> <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Mar. 1, 1873</b>	9. AGE (In years last birthday) <b>82</b>	10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Randolph County Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Silas Perkins</b>	13b. MOTHER'S MAIDEN NAME <b>Betsy Terrill</b>	14. NAME OF HUSBAND OR WIFE <b>Dec.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>No.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Russell Grant</b> ADDRESS <b>Macon, Mo.</b>

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>2 years</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocarditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Dementia</b> DUE TO (c) _____		
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? 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 **Jan 1952** to **8/28, 1955**, that I last saw the deceased alive on **8/28, 1955**, and that death occurred at **11:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Declarer's title) <b>J. H. Mason M.D.</b>	23b. ADDRESS <b>Macon, Mo.</b>	23c. DATE SIGNED <b>8/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>Aug 29, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cem.</b>
24d. LOCATION (City, town, or county) <b>Macon</b>		(State) <b>Mo.</b>

DATE REC'D BY LOCAL REG. <b>9/1/55</b>	REGISTRAR'S SIGNATURE <b>Ruth M. Neely</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lester Hutton</b> ADDRESS <b>Macon, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 9.7.55  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 9.55.153  
Date Filed 9.8.55

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 *Charles L. Sutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, 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.