

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-024440**

STATE FILE NUMBER

AMENDED

Registration District No. C4 Primary Registration District No. 5245 Registrar's No. 29  
**FILED JUL 17 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <b>Chariton</b>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Keytesville</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Chariton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Keytesville</b>		Length of stay in 1b <b>25-Years</b>		c. CITY OR TOWN <b>Keytesville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>405 Mulberry St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <b>Grace</b>		Middle <b>Mae</b>		Last <b>Perkins</b>		Month <b>7-11-1961</b> Day <b>11</b> Year <b>1961</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-13-1893</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR	IF UNDER 24 HR	
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 <b>Housewife</b>	11. BIRTHPLACE (City and state or country) <b>Chariton County, Mo.</b>	Months	Days	Hours
13a. FATHER'S NAME <b>Thomas Kinzel</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Gunkel</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</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>Not Known</b>		17. INFORMANT Address <b>Velma Rice Keytesville, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <b>Cardiac Thrombosis</b>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <b>11 p.m.</b> Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from <b>July 10<sup>th</sup></b> to <b>July 11-1961</b> and last saw her alive on <b>July 11<sup>th</sup></b> . Death occurred at <b>11 p.m. July 11<sup>th</sup></b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>S. J. White D.O.</b> (Degree or title)				22b. ADDRESS <b>Keytesville Mo</b>		22c. DATE SIGNED <b>7/12/61</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-15-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Eccels Cemetery</b>		23d. LOCATION (City, town, or county) <b>Chariton County, Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>A. D. Grunett Keytesville, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>July 13, 1961</b>		26. REGISTRAR'S SIGNATURE <b>Donald W Berry</b>	

JUL 20 1961

**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 *R. D. Gault*

Licensed Embalmer No. 3046

P. O. Address *Key West*

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.