

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27403

FILED AUG 30 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 244

940

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Desloge</b>		c. CITY OR TOWN <b>Desloge</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>25 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>604 Chestnut</b> <b>0940</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>604 Chestnut</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>William</b>	b. (Middle) <b>Albert</b>	c. (Last) <b>Voyles</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 16, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 26, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Merchant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retail Grocery</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Marion Voyles</b>	13b. MOTHER'S MAIDEN NAME <b>Emmeline Lewis</b>	14. NAME OF HUSBAND OR WIFE <b>Rosa Voyles</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>488-34-5448</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rosa. Voyles</b>	ADDRESS <b>Desloge, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <b>arterio-sclerotic heart disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophy of heart, Hypertension</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Hypertrophy of heart, Hypertension</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug 15, 1955**, to **Aug 16, 1955**, that I last saw the deceased alive on **8-15, 1955**, and that death occurred at **1:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE <b>N O Gaebe MD</b>	(Degree or title)	23b. ADDRESS <b>Desloge Mo</b>	23c. DATE SIGNED <b>8-19-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/18/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Francois Meo. Pk.</b>	24d. LOCATION (City, town, or county) (State) <b>Bonne Terre RR. #1 Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Aug 19, 1955</b>	REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Z. Boyer &amp; Son</b>	ADDRESS <b>Desloge, Mo.</b>
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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 *B. T. Boyd* .....

Licensed Embalmer No. *36* .....

P. O. Address *St. Louis* .....

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.