

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17137

FILED JUN 5 1951

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5625 Registrar's No. H-836

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sleeper</u>	
c. LENGTH OF STAY (in this place) <u>75 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>no street address</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sleeper, mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>George Washington</u> b. (Middle) <u>Voyles</u> c. (Last) <u>Voyles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 30, 1875</u>	9. AGE (in years last birthday) <u>75</u>	10. IF OVER 1 YEAR Days Hours Mins. <u>11 22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright Co. mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>James M. Voyles</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Hutson</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Voyles</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Loren S. Alloway</u> ADDRESS <u>Sleeper, mo.</u>	

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>Hypertensive Heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>443 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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 Sept 1, 1850, to May 22, 1951, that I last saw the deceased alive on May 22, 1951, and that death occurred at 10:35 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Alloway</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Stoutland mo</u>		23c. DATE SIGNED <u>May 24, 1951</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/25/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stephens Cemetery near Sleeper Laclede Co. mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Laclede Co. mo.</u>					

DATE REC'D BY LOCAL REG. <u>5-26-1951</u>		REGISTRAR'S SIGNATURE <u>Halla L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Helman</u> ADDRESS <u>Lebanon, mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

530

Received JUN 2 1951

Laclede County Health Unit

File No. 6-51-81

Date Filed JUN 4 1951

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 Dorsey M. Howe

Signed.....
Student Embalmer

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.