

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20416

FILED MAY 27 1953

BIRTH NO. _____ REG. DIST. NO. 9 13' PRIMARY REG. DIST. NO. 4480 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Schuyler			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Schuyler		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop		c. LENGTH OF STAY (In this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greentop		0980
d. FULL NAME OF HOSPITAL OR INSTITUTION at home			d. STREET ADDRESS (If rural, give location) City of Greentop 0		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) David	b. (Middle) Wells	c. (Last) Voorhies	May 15, 1953		

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 25, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Adair Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME George R. Voorhies	13b. MOTHER'S MAIDEN NAME Susan A. Davis	14. NAME OF HUSBAND OR WIFE Jessie Viola Longcor
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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) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Florence Erwin, Greentop, Mo.	ADDRESS
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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 5-12-53
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial failure</u> DUE TO (c) <u>cerebral hemorrhage</u>		
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"/>
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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)	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 September 1850, to May 15, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 3:30 AM m., from the causes and on the date stated above.

23a. SIGNATURE <u>Eleanor S. Roberts, D.O.</u>	23b. ADDRESS Queen City, Mo.	23c. DATE SIGNED <u>May 14, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Greentop</u>	24b. DATE <u>5/17/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greentop</u>	24d. LOCATION (City, town, or county) <u>Greentop, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 20/53</u>	REGISTRAR'S SIGNATURE <u>Mrs. A. J. ...</u>	355	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul W. ...</u>	ADDRESS <u>Kirkville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0980

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.....
Student Embalmer

Signed *Richard H. Randall*

Licensed Embalmer No. *4866*

P. O. Address *Folsville, 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.