

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40429

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4212		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blairstown		c. LENGTH OF STAY (In this place) 67 yrs		c. CITY OR TOWN Blairstown		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION At Home, Blairstown, Mo.				e. STREET ADDRESS (If rural, give location) Blairstown, Missouri			
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle) Charlotte		c. (Last) Voyles	
4. DATE OF DEATH		(Month) Dec		(Day) 24		(Year) 1954	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Aug 16, 1890	
9. AGE (In years last birthday) 64		10. MONTHS 4		11. DAYS 8		12. IF UNDER 1 YEAR Hours 8	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and State or Foreign Country) Jackson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Henry Barnard		13b. MOTHER'S MAIDEN NAME Elizabeth Surface		14. NAME OF HUSBAND OR WIFE Frank Voyles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Voyles, Blairstown, Missouri			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) Chronic Glomerulonephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 592X				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 Dec 1, 1954, to Dec 24, 1954, that I last saw the deceased alive on Dec 24, 1954, and that death occurred at 1 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. W. Inoué M.D.		23b. ADDRESS Holden Mo.		23c. DATE SIGNED 12-27-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/26/54		24c. NAME OF CEMETERY OR CREMATORY Wall Cemetery		24d. LOCATION (City, town, or county) (State) Blairstown, Missouri	
DATE REC'D BY LOCAL REG. Dec-26-54		REGISTRAR'S SIGNATURE Florence Adair		422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday and Ropp, Holden, Missouri	

(Licensed Embalmers' Statement on Reverse Side)

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

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.....
Licensed Embalmer No...3434.

P. O. Address Holden, Miss

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.