

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-037162

ED VS SEP 21 1960

Registration District No. 336 Primary Registration District No. 336 4494 Registrar's No. 68

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona, Missouri</u>		Length of stay in 1b	c. CITY OR TOWN <u>Winona</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Douglas</u> Middle <u>Kenneth</u> Last <u>Voyles</u>	4. DATE OF DEATH Month <u>September</u> Day <u>7</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-23-25</u>	9. AGE (last birthday) <u>25</u>	IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>	IF UNDER 24 HR Hours <u>    </u> Min. <u>    </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw Milling</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Winona, Missouri</u>	11. BIRTHPLACE (City and state or country) <u>Winona, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wane V. Voyles</u>	13b. MOTHER'S MAIDEN NAME <u>Macie F. Atkins</u>	14. NAME OF HUSBAND OR WIFE <u>Laura Jane McGrew</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>No</u> or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>489-36-7114</u>	17. INFORMANT <u>V.V. Voyles</u> Address <u>Winona, Missouri</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
DUE TO (b) <u>Gun Shot Wound in left Lung</u>		
DUE TO (c) <u>    </u>		

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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Shot in Chest with 22 Cal. Revolver</u>
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20c. TIME OF INJURY Hour <u>7</u> p.m. Month, Day, Year <u>9-7-60</u>	<u>While Playing Cards.</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Tie Yard</u>	20f. CITY, TOWN, OR LOCATION <u>Winona</u>	COUNTY <u>Shannon</u>	STATE <u>Mo.</u>
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at About 7:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank S. Jones</u> (Degree or title)	22b. ADDRESS <u>Eminence, Missouri</u>	22c. DATE SIGNED <u>9-8-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>9-40-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Sight</u>	23d. LOCATION (City, town, or county) (State) <u>Fremont, Missouri</u>
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24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>9-9-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Gales</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 6 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Charles D. Fortson*

Licensed Embalmer No. 5107

P. O. Address Wmtn Va

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.