

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046644

FILED VS DEC 29 1960

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5896 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>JEFF.</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DESOTO VALLE TWP. 7 1/2 MO.</u>		Length of stay in 1b <u>7 1/2 MO.</u>	c. CITY OR TOWN <u>DESOTO RT. #1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DESOTO, RT. 1 Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS <u>DESOTO RT. #1</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>DONNA FAYE VOYLES</u>			4. DATE OF DEATH Month Day Year <u>DEC. 19 1960</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-4-1960</u>	9. AGE (last birthday) <u>7 15</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>*</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>*</u>	11. BIRTHPLACE (City and state or country) <u>DESOTO RT. #1 Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>WILLIAM VOYLES</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY GORE</u>		14. NAME OF HUSBAND OR WIFE <u>*</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT <u>WM. VOYLES DESOTO RT. 1, Mo.</u> Address		
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>PNEUMONIA</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
21. I attended the deceased from <u>Coroner's View</u> and last saw her/him alive on _____ Death occurred at <u>ABOUT 7 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>James C. Richard M. Crow</u> (Degree or title)			22b. ADDRESS <u>Festus, Mo.</u>		22c. DATE SIGNED <u>12-19-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>DEC. 20 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VICTORIA</u>	23d. LOCATION (City, town, or county) <u>VICTORIA Mo.</u>		
24. FUNERAL DIRECTOR <u>DIETRICH F. HOME, DESOTO Mo.</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>Dec. 20-1960</u>	26. REGISTRAR'S SIGNATURE <u>Marie Harris</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed: Samuel B. Deibel

Licensed Embalmer No. 4104

P. O. Address D. Deibel 174

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.