MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

—61—028619
STATE FILE NUMBER

AMENDED

Registration District No. 59 Primary Registration District No. 410-2 Registrar's No. 142

FILED AUG 22 1961

1. PLACE OF DEATH
a. COUNTY CASS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STRASBURG MO.
Length of stay in 1b: 57 Yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cass
c. CITY OR TOWN Strasburg Mo. Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 58 HWY. Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: JOHN Middle: HENRY Last: VOYLES
4. DATE OF DEATH Month: AUG Day: 16 Year: 1961
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-12-1879
9. AGE (last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLACKSMITH
10b. KIND OF BUSINESS OR INDUSTRY: SHARPING HORSESHOEING, TOOL
11. BIRTHPLACE (City and state or country): ILL.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: WILLIAM EDWARD VOYELS
13b. MOTHER'S MAIDEN NAME: EMILY ANN LONG
14. NAME OF HUSBAND OR WIFE: Julia Anna Voyles
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: Julia Voyles Address: Strasburg Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial Infarction	Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Congestive Heart Failure	2 yrs
DUE TO (c)	Arteriosclerosis	10 yrs

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 8-3-61, to 8-16-61 and last saw him alive on 8-15-61
Death occurred at 2:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. K. Bowden (Degree or title) DO
22b. ADDRESS Pleasant Hill Mo.
22c. DATE SIGNED 8-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 8-18-1961
23c. NAME OF CEMETERY OR CREMATORY Strasburg Cemetery
23d. LOCATION (City, town, or county) Strasburg Mo. (State)

24. FUNERAL DIRECTOR Wallace Funeral Home ADDRESS 422 N. Lake Pleasant Hill MO.
25. DATE RECD. BY LOCAL REG. 8-17-61
26. REGISTRAR'S SIGNATURE Mrs Ray Lebrec

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 James C Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant Hill 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.