

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041529

AMENDED

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 151

STATE FILE NUMBER

FILED DEC 12 1961

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| 1. PLACE OF DEATH a. COUNTY Jefferson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jefferson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim twp. | | Length of stay in 1b 3 yrs | c. CITY OR TOWN Festus |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RFD # 3, Festus | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) RFD # 3 |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Rosa Belle Voyles | | | 4. DATE OF DEATH Month Day Year Dec 6, 1961 | | |
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|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-11-1881 | 9. AGE (last birthday) 81 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Carter County | 12. CITIZEN OF WHAT COUNTRY US |
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| 13a. FATHER'S NAME Nathan Moore | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Henry Voyles |
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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. Unknown | 17. INFORMANT Address Orville Nash Rt#3 Festus, Mo |
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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) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH <input checked="" type="checkbox"/> |
| DUE TO (b) Hypertension | | |
| DUE TO (c) Arteriosclerosis | | |

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| 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 type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 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 |
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21. I attended the deceased from 1950 (Dec. 6, 1961) and last saw her alive on Dec. 6, 1961
Death occurred at 7:40a on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) R. E. Sauer, D.O. | 22b. ADDRESS 105 Easton, D. Soto, Mo. | 22c. DATE SIGNED 12-7-61 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-9-61 | 23c. NAME OF CEMETERY OR CREMATORY Pine Lawn | 23d. LOCATION (City, town, or county) (State) Winona, Mo. |
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| 24. FUNERAL DIRECTOR ADDRESS Clary Funeral Home Winona, Mo | 25. DATE RECD. BY LOCAL REG. 12-8-61 | 26. REGISTRAR'S SIGNATURE James A. Sidor |
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre

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.