

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22517**

FILED JUN 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **6137** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>SHANNON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>SHANNON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (In this place) TOWN <b>WINONA Twp</b>		c. CITY OR TOWN <b>WINONA</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <b>1010</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>RONALD</b>	b. (Middle) <b>JEROME</b>	c. (Last) <b>VOYLES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 21-1956</b>
-------------------------------------	--------------------------	---------------------------	-------------------------	---

5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept. 15-1935</b>	9. AGE (In years last birthday) <b>20</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	--	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Timber Work</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Trucker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WINONA, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
---	---	---	---

13a. FATHER'S NAME <b>VANE VOYLES</b>	13b. MOTHER'S MAIDEN NAME <b>MACIE ADKINS</b>	14. NAME OF HUSBAND OR WIFE <b>FREDA VOYLES</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>VANE VOYLES</b>	ADDRESS <b>WINONA, Mo.</b>
---	-------------------------	---	-------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>15 m.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BROKEN NECK &amp; BASAL SKULL FRACTURE</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>HIT BY FALLING TREE IN TIMBER CUTTING</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Timber Accident</b>	21c. (CITY, TOWN OR TOWNSHIP) <b>WINONA TOWNSHIP</b> (COUNTY) <b>SHANNON</b> (STATE) <b>MO.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>MAY 21 1956 8:30 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>HIT WHILE FALLING TREE BY BUTT OF TREE</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. F. Wilson</b>	(Degree or title) <b>Shannon County Coroner</b>	23b. ADDRESS <b>Esmerine Mo.</b>	23c. DATE SIGNED <b>6-12-56</b>
---------------------------------------	--	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAY 23-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Site</b>	24d. LOCATION (City, town, or county) (State) <b>WINONA, Mo.</b>
--	-------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>6-18-56</b>	REGISTRAR'S SIGNATURE <b>Michael Quinn</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>DUNCAN'S Mt. View, Mo.</b>	ADDRESS
--	---	---	---------

(Licensed Embalmer's Statement on Reverse Side)

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

447-0

**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. 43257

P. O. Address Mt. View, Pa.

**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.**