

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33271

State File No.

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 527

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>11 days</u>	c. CITY OR TOWN <u>Van Buren</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>General Delivery 01801</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>Luther</u> c. (Last) <u>Voyles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 27 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec 21, 1906</u>		9. AGE (In years last birthday) <u>49</u> 10. IF UNDER 1 YEAR Months <u>10</u> 11. IF UNDER 6 HRS. Day <u>16</u> Hours <u>16</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Handle Mill</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carter County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Voyles</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Mease</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Voyles</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>497-09-0782</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Opal Voyles, Van Buren Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of right lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Oct. 16, 1956, to Oct. 27, 1956, that I last saw the deceased alive on Oct. 26, 1956, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. L. Brandon</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1124 N. Main Poplar Bluff, Missouri</u>		23c. DATE SIGNED <u>Oct. 30, 1956</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-30-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Duncan Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Wayne County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>11/1/56</u>		REGISTRAR'S SIGNATURE <u>By [Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Colonel McSpadden Van Buren</u>		ADDRESS <u>Mo.</u>			

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

489

RECEIVED
NOV 4 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

JAN 8 1957

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 *Allen C. M. Green* _____

Licensed Embalmer No. _____

P. O. Address _____

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.