

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **17612**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **245** PRIMARY REG. DIST. NO. **3047** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Neosho</b>	
c. LENGTH OF STAY (in this place) <b>20 yr</b>		d. STREET ADDRESS (If rural, give location) <b>100 Spring Hill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>BESSIE</b>		b. (Middle) <b>B.</b>	
c. (Last) <b>ROBESON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5/ 24/ 50</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>1/ 1/ 1884</b>
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	
11. BIRTHPLACE (State or foreign country) <b>Cassville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Charles Ray</b>		13b. MOTHER'S MAIDEN NAME <b>Jennie Pharis</b>	
14. NAME OF HUSBAND OR WIFE <b>C. M. Robeson (Dec'd)</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>John P. Ray</b> ADDRESS <b>Cassville, 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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Heart Failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis, chr.</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 <b>5/20</b> , 19 <b>50</b> , to <b>5/24</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5/24</b> , 19 <b>50</b> , and that death occurred at <b>5 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Harold C. Lentz, M.D.</b>		23b. ADDRESS <b>Neosho Mo</b>	
23c. DATE SIGNED <b>May 26, 1950</b>			
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>5/26/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>I.O.O.F. Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Neosho Mo.</b>
DATE REC'D BY LOCAL REG. <b>May 26, 1950</b>	REGISTRAR'S SIGNATURE <b>W. C. Boon</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Boon</b> ADDRESS <b>Cassville, Mo.</b>	

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

0732

RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 650-120

Date Filed MAY 31 1950

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 \_\_\_\_\_~~  
~~Student-Embalmer \_\_\_\_\_~~

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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 this body is not embalmed, fact should be so stated above.