

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022492  
Short File No.

FILED JUL 14 1958

BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 75

1. PLACE OF DEATH: a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. LENGTH OF STAY (In this place)		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 <u>517 No. Livingston</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>		b. (Middle) <u>Willetta</u>	
c. (Last) <u>Roberson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-3-1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct 9 1881</u>
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Catherine Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Charles Lewis</u>	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE <u>Harrison L. Roberson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sidney Sanchez</u>		ADDRESS	
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	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Chronic Int Nephritis</u> <u>10 yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Arterio. Sclerosis</u> <u>15 "</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Diverticulitis-Sigmoid</u> <u>?</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592 X</u>	
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 <u>12-1</u> , 19 <u>57</u> , to <u>7-3</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>7-3</u> , 19 <u>58</u> , and that death occurred at <u>7:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. C. Smock</u> (Degree or title)		23b. ADDRESS <u>Brookfield Mo</u>	
23c. DATE SIGNED <u>7-3-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 6 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		DATE REC'D BY LOCAL REG. <u>7-7-58</u>	
REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James J. Bowden</u>	
ADDRESS		ADDRESS	

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

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SEP 17 1958

JUL 17 1958

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 *Homer Bowden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield*

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.