

FILED SEP 2 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

28382

No. 300  
10.48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 88

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>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural-Neosho twsp.</b>		c. LENGTH OF STAY (In this place) <b>2 month</b>	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Noel</b>		d. STREET ADDRESS (If rural, give location) <b>6600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>At Home</b>		e. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>L.</b> c. (Last) <b>Beach</b>			4. DATE OF DEATH Month <b>August</b> Day <b>1</b> Year <b>1954</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 24, 1875</b>
9. AGE (In years last birthday) <b>78</b>		10. MONTHS <b>11</b>	11. DAYS <b>11</b> HOURS <b>11</b> MIN. <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Hinesville, Arkansas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Dollie Beach</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. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Earl Logan - Columbus, Kansas</b>		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Probably coronary</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>accidation</b> DUE TO (c) <b>had been in hospital</b> II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <b>one week before death</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>for heart attack 4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11 pm</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Carley Thompson Jr.</b>		23b. ADDRESS <b>Corners 302 E. Main St. Neosho, Mo.</b>	
23c. DATE SIGNED <b>8-23-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-4-1954</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Noel Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>Noel, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>8-23-54</b>		REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>EP Pyea Jr.</b>		ADDRESS <b>Siloam Springs, Ark</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

07320

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 854-178

Date Filed AUG 30 1954

**NEOSHO, MISSOURI**

**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 ER. R. HATT

Licensed Embalmer No. 3211

P. O. Address Seaman Sp... K

**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.