FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25435

FILED SEP 8 1948

Registration District No. 27

Primary Registration District No. 3002

Registrar's No. 78

1. PLACE OF DEATH:

(a) County: Bates

(b) City or town: Butler (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Butler Memorial Hospital 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Bates 7

(c) City or town: Deer Creek Twp. Rural 6 (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Edward Earl Robinson

3. (b) If veteran, name war: World War I

3. (c) Social Security No.

4. Sex: Male 6

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mary C.

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: March (Month) 18 (Day) 1894 (Year)

8. AGE: Years 54 Months 5 Days 8 If less than one day hr. min.

9. Birthplace: Manhattan (City, town, or county) Illinois (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

FATHER 12. Name: Frank Robinson

13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Mary E. Cockle

15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mary C. Robinson

(b) Address: Adrian Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-29-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Crescent Hill Cem.

18. (a) Signature of funeral director: Leneath & Lee

(b) Address: Adrian Mo.

19. (a) 8-30-1948 (Date received local registrar) Kendell Kerr (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 26 year: 1948 hour: 4 minute: 45 P.M.

21. I hereby certify that I attended the deceased from Aug. 7, 1948, to Aug. 26, 1948; that I last saw him alive on Aug. 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Parkinson's Disease	
Due to Hypertrophic Prostatic	Chronic 15 yrs.
Due to Grippe Influenza	
Other conditions: Chronic Debility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy:

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Carter W. Lutes (M. D. or other) 0 MD

Address: Butler Mo. Date signed: 8/30/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 8-48-1030
Date Filed 9-27-48

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 Fred I Cereath 3343, Registered Apprentice No. working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 3650

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.