

FILED FEB 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 4109

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 5208 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hurrican township</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hurrican Township</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>-----</b> c. (Last) <b>Robison</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 10, 1951</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Mch. 13 1860</b>	9. AGE (In years last birthday) <b>90</b>	IF UNDER 1 YEAR Days <b>10</b> Hours <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>		11. BIRTHPLACE (State or foreign country) <b>Carrollton, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>James <del>Robison</del> Robison</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Tomlin</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah M. Boo</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Leander Lightfoot Hale MO.</b>		ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic endocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>7</b>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		<b>42 sec</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 type="checkbox"/>
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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 Jan 1948, to Feb 10, 1951, that I last saw the deceased alive on Feb 10, 1951, and that death occurred at 8:45A m., from the causes and on the date stated above.

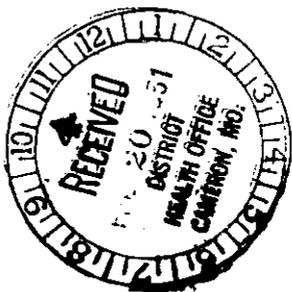
23a. SIGNATURE (Degree or title) <b>Dr. Alvin A. Welsh II D.D.O.</b>	23b. ADDRESS <b>Hale, Mo</b>	23c. DATE SIGNED <b>2-10-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Feb. 12 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wakenda Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carroll County Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-13-51</b>	REGISTRAR'S SIGNATURE <b>Mrs Rex Henderson</b>	44	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank E. Slater</b>	ADDRESS <b>Hale Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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



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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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Nale Md

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.