

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22848**

FILED JUL 18 1951

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **100**

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

1. PLACE OF DEATH a. COUNTY Henry.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE Missouri, b. COUNTY Henry.	
b. CITY (If outside corporate limits, write RURAL and give town) Clinton, Missouri.	c. LENGTH OF STAY (In this place) 4 weeks	c. CITY (If outside corporate limits, write RURAL and give township) Deepwater.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Clinton General Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Edward Harvey Robinson.			4. DATE OF DEATH (Month) (Day) (Year) July 5th 1951		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov 22 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR 14 Mo	IF UNDER 24 HRS. 8 Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own Farm	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Robinson.	13b. MOTHER'S MAIDEN NAME Elizabeth Gann	14. NAME OF HUSBAND OR WIFE Sophie Robinson.
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Ester L Morgan.	ADDRESS Deepwater Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cancer of prostate DUE TO (c)		2 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked anemia		2 years.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 197X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **April 1949**, to **July 5, 1951**, that I last saw the deceased alive on **July 5, 1951**, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (In blue or black ink) R.S. Hallingman M.D. Clinton Missouri	23b. ADDRESS Clinton Missouri	23c. DATE SIGNED 7/7/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8 1951	24c. NAME OF CEMETERY OR CREMATORY Maplewood Cemetery	24d. LOCATION (City, town, or county) (State) Brownington Mo
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DATE REC'D BY LOCAL REG. July 7-51	REGISTRAR'S SIGNATURE Florence Adair Tom	42-2	25. FUNERAL DIRECTOR'S SIGNATURE Deepwater Mo	ADDRESS
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RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 7-17-51 -----

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 *Tom Hunt* -----

Licensed Embalmer No. *2782* -----

P. O. Address. *Deepwater 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.