

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32265**

FILED SEP 21 1951

BIRTH NO. _____		REG. DIST. NO. 3257		PRIMARY REG. DIST. NO. 6097		Registrar's No. 32		
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Schuyler				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Independence Twp. all life)		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Independence Twp		090		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Lee c. (Last) Robinson			4. DATE OF DEATH (Month) (Day) (Year) Aug 21, 1951					
5. SEX M		6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Jan 24 1882		9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 6 Days 27 IF UNDER 48 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scotland, Co. d		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas Robinson			13b. MOTHER'S MAIDEN NAME Madeline Milo		14. NAME OF HUSBAND OR WIFE			
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 ADDRESS Ross Robinson, Downing, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) High blood Pressure DUE TO (c) Mitral Stenosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)		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 May 11, 1951 to Aug 21, 1951 , that I last saw the deceased alive on Aug 21, 1951 , and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R. E. Vaughn				23b. ADDRESS D. O. R. Lancaster, Mo.		23c. DATE SIGNED Aug 22, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Aug 23, 1951	24c. NAME OF CEMETERY OR CREMATORY Downing Cemetery		24d. LOCATION (City, town, or county) (State) Downing, Mo.			
DATE REC'D BY LOCAL REG. Sept 15 1951		REGISTRAR'S SIGNATURE Ross Robinson		FUNERAL DIRECTOR'S SIGNATURE Walter Moore		ADDRESS Funeral Home Downing, Mo.		

SEP 10 1951

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

Date Received: SEP 18 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-1672
Date Filed: SEP 18 1951

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

R. Payne

Licensed Embalmer No. *2196*

P. O. Address *Memphis Mo.*

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.