

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42413

State File No. 5477

FILED JAN 5 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett city</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo 0130</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1 X</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arch</u>	b. (Middle) <u>L</u>	c. (Last) <u>Robison</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12 10 1952</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-14-1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u>2</u> Min. <u>15</u>
--------------------	----------------------------	---	-----------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Polo, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
---	--	---	---

13a. FATHER'S NAME <u>John Robison</u>	13b. MOTHER'S MAIDEN NAME <u>Ludie Zickel</u>	14. NAME OF HUSBAND OR WIFE <u>Ray Robison</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs G.W. Huff</u>	ADDRESS <u>Polo Mo</u>
---	-----------------------------------	--	------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic nephritis</u>			<u>3 months</u>
	DUE TO (c) <u>Terminal uremia</u>			<u>4200</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arterio sclerosis</u>		<u>1 year</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) 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 10-23, 1952, to 12-10, 1952, that I last saw the deceased alive on 12-9, 1952, and that death occurred at 5:25 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph E. Welker</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>836 Prof Bldg. KCB, Mo</u>	23c. DATE SIGNED <u>12-10-52</u>
--	--	----------------------------------

24a. BURIAL CREMATION (Specify) <u>Burial</u>	24b. DATE <u>12-12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Miracle</u>	24d. LOCATION (City, town, or county) (State) <u>Miracle Mo</u>
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. <u>12-13-52</u>	REGISTRAR'S SIGNATURE <u>Steadline Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Abspaugh & Cowley</u>	ADDRESS <u>Polo Mo</u>
--	--	---	------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

ERWIN L. TROWITCH

working under my personal supervision.

Student Embalmer No. 443

Signed.

Erwin L. Trowitch
Student Embalmer

Signed

Dean A. Usprung

Licensed Embalmer No. 2908

P. O. Address Palo Alto

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.