

FILED MAR 9 1956

STANDARD CERTIFICATE OF DEATH

5979

State File No.

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6032 Registrar's No. 599

1. PLACE OF DEATH a. COUNTY <u>RIPLEY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RIPLEY</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>RURAL - DONIPHAN</u>		c. LENGTH OF STAY (in this place) <u>59 yrs.</u>	c. CITY OR TOWN <u>RURAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE S.E. DONIPHAN</u>			e. STREET ADDRESS (If rural, give location) <u>1 MILE S.E. DONIPHAN 0410</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>ACE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>ROBINSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 31 - 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 31 - 1895</u>	9. AGE (In years last birthday) <u>61</u>	10. UNDER 1 YEAR <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>DAIRY FARMING</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JOBE - MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOHN M. ROBINSON</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARTWICK</u>		14. NAME OF HUSBAND OR WIFE <u>HASSEL ROBINSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>HASSEL ROBINSON - DONIPHAN, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crony thrombosis</u>			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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 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?	
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22. I hereby certify that I attended the deceased from 1-10-56, 1956, to 1-31-56, 1956, that I last saw the deceased alive on 1-10-56, 1956, and that death occurred at 2 AM, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree of title) <u>MD</u>		23b. ADDRESS <u>Doniphan Mo</u>		23c. DATE SIGNED <u>2-25-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DONIPHAN - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-28-56</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		24d. LOCATION (City, town, or county) (State) <u>DONIPHAN - MISSOURI</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Edwards Funeral Home - Doniphan - Mo.</u>	

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

MAR 9 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.....
Signature of Student Embalmer

Signed *Gene Harrent*

Licensed Embalmer No. *4809*

P. O. Address *Doripha*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.