

FILED SEP 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29737**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4016** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	c. LENGTH OF STAY (in this place) 27 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Tarkio	
d. FULL NAME OF HOSPITAL OR INSTITUTION **		d. STREET ADDRESS (If rural, give location) 2030	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD	b. (Middle) **	c. (Last) ROBENSTINE	4. DATE OF DEATH (Month) (Day) (Year) Sept 12, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 9, 1865
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 10	IF UNDER 12 HRS. Days 3 Hours 3 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer		10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (State or foreign country) Linden, Missouri.
12. CITIZEN OF WHAT COUNTRY? U.S			

13a. FATHER'S NAME Paul Robenstine	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs. Ellie Robenstine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ed Robenstine Tarkio, 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, asphyxia, 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) Cerebrovascular accident		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Advanced generalized arterio-sclerosis, arteriosclerosis DUE TO (c) Cardiovascular disease		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X			

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)	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 **5/17/51**, 19___, to **9/12/56**, 19___, that I last saw the deceased alive on **9/12/56**, 19___, and that death occurred at **5:15 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Ed Robenstine M.D.	23b. ADDRESS Tarkio, Missouri	23c. DATE SIGNED 9/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9/14/56	24c. NAME OF CEMETERY OR CREMATORY Home Cemetery
24d. LOCATION (City, town, or county) (State) Tarkio, Missouri.		

DATE REC'D BY LOCAL REG. Sept 20, 1956	REGISTRAR'S SIGNATURE Theroin. J. Schuler	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Missouri.
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(Licensed Embalmer's Statement on Reverse Side)

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

43
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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 Frost C. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.