

FILED APR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9309
Registrar's No. 99

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, write RURAL and give town) Hannibal
c. LENGTH OF STAY (in this place) 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY (If outside corporate limits, write RURAL and give township) Hannibal
d. STREET ADDRESS (If rural, give location) 631 North Section

3. NAME OF DECEASED
a. (First) John Ayres b. (Middle) Robinson c. (Last) (J.A.)

4. DATE OF DEATH (Month) (Day) (Year)
March 23, 1951

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married

8. DATE OF BIRTH August 1, 1879

9. AGE (In years last birthday) 71
If under 1 year: Months 6 Days 22
If under 12 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired

10b. KIND OF BUSINESS OR INDUSTRY Retail Merchant

11. BIRTHPLACE (State or foreign country) Hannibal Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Robinson

13b. MOTHER'S MAIDEN NAME Isabelle Ayres

14. NAME OF HUSBAND OR WIFE Florence Malcher Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) Spanish American

16. SOCIAL SECURITY NO. 490 07 4054

17. INFORMANT'S SIGNATURE OR NAME Mrs. J.A. Robinson ADDRESS 631 North Section Hannibal

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Pulmonary embolism
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 4 hrs

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION no 332X

20. AUTOPSY? YES NO

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) Hannibal (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Mar. 23, 1951, to Mar. 23, 1951, that I last saw the deceased alive on Mar. 23, 1951, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. H. Paulman (Degree or title) M.D.

23b. ADDRESS 1001 Bay Hannibal MO

23c. DATE SIGNED 3-27-51

24a. BURIAL CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/26/1951

24c. NAME OF CEMETERY OR CREMATORY Mount Clivet

24d. LOCATION (City, town, or county) Hannibal Missouri (State)

DATE REC'D BY LOCAL REG. 3/27/51

REGISTRAR'S SIGNATURE H. C. ...

FUNERAL DIRECTOR'S SIGNATURE ... ADDRESS Hannibal Missouri

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

0644

RECEIVED APR 4 1951
CO. HEALTH DEPT.
DATE FILED APR 5 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 _____

working under my personal supervision.

Student Embalmer No.

Signed

H. Crawford Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 3814

P. O. Address Hannibal Missouri

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.