

FILED MAY 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17316

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 169

644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>New London rural, Spencer</u> | |
| c. LENGTH OF STAY (In this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>09701</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Elizabeth</u> | | | |

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|---|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>ROBISON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 18 1951</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never</u> | 8. DATE OF BIRTH <u>Sept 15 1894</u> | 9. AGE (In years last birthday) <u>56</u> | 10. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>1221 E. Union</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |

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|---|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Robert Robison</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ava Robison</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ava Robison</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.A.R.I.</u> | | 16. SOCIAL SECURITY NO. <u>496-14-1481</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ava Robison New London</u> | |

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|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u> | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertrophy of Prostate gland</u> | | <u>Immediately</u> | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| | | DUE TO (c) _____ | | | |

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|---|--|--|--|---|--|
| 19a. DATE OF OPERATION <u>5/18/51</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Hypertrophy of Prostate 610x</u> | | 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 May 14, 1951, to May 18, 1951, that I last saw the deceased alive on May 18, 1951, and that death occurred at 5:00 P.M., from the causes and on the date stated above.

| | | | | | |
|--|--|---|--|--|--|
| 23a. SIGNATURE <u>B. L. Murphy M.D.</u> | | 23b. ADDRESS <u>Hannibal, Missouri</u> | | 23c. DATE SIGNED <u>5/29/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 21-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Barkley Cen.</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>New London, Mo</u> | |

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|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <u>May 19-51</u> | | REGISTRAR'S SIGNATURE <u>H. C. Fisher</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fields & Co Hannibal Mo</u> | |
|--|--|--|--|--|--|

RECEIVED MAY 23 1951
ARMON CO. HEALTH DEPT.
DATE FILED MAY 24 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 Don Fields Nequa

Licensed Embalmer No. 4093

P. O. Address Frankford 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.