

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. MARSHALL
11789
State File No. 416

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY GREENE | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD | | c. LENGTH OF STAY (in this place) 7 YRS | c. CITY OR TOWN SPRINGFIELD |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS (If rural, give location) 1041 S. MARKET | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) JOHN | b. (Middle) E. | c. (Last) ROBINSON | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 24, 1954 |
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|--------------------|-------------------------------|---|--------------------------------------|---|----------------------------|----------------------------|---------------------|
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH DEC. 5, 1885 | 9. AGE (In years last birthday) 68 | 10. IF UNDER 1 YEAR Months | 11. IF UNDER 24 HRS. Hours | 12. IF UNDER 1 Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor | 10b. KIND OF BUSINESS OR INDUSTRY U.S. Medical Center | 11. BIRTHPLACE (City and State or Foreign Country) Pittsburg, Texas | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME JOHN E. ROBINSON | 13b. MOTHER'S MAIDEN NAME MARGARET MURRELL | 14. NAME OF HUSBAND OR WIFE JEANE ROBINSON |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES | 16. SOCIAL SECURITY NO. W.W. # 1 | 17. INFORMANT'S SIGNATURE OR NAME MRS. JEANE ROBINSON | ADDRESS SPRINGFIELD, MO |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of myocardium | | INTERVAL BETWEEN ONSET AND DEATH one to two weeks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic coronary thrombosis | | |
| | DUE TO (c) Diabetes Mellitus | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | Years |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 1201 | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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 **4-19**, 19**54**, to **April 24**, 19**54**, that I last saw the deceased alive on **April 24**, 19**54**, and that death occurred at **2:25 P m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE James L. Marshall | (Degree or title) M.D. Professional Bldg. Springfield | 23b. ADDRESS | 23c. DATE SIGNED 4-26-54 |
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|--|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 24b. DATE 4/28/54 | 24c. NAME OF CEMETERY OR CREMATORY ARLINGTON NAT. CEMETERY | 24d. LOCATION (City, town, or county) (State) ARLINGTON VIRGINIA |
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| DATE REC'D BY LOCAL REG. 4-27-54 | REGISTRAR'S SIGNATURE Edith Williams | 25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER | ADDRESS SPRINGFIELD, MO. |
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

MAY 19 1954

MAY 3
MAY 6

MAY 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter E. Hamilton*.....

Licensed Embalmer No...3808

P. O. Address SPRINGFIELD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.