

S. No. 300
V. 10. 48

FILED APR 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9445
Registrar's No. 88

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 121 North Laura		d. STREET ADDRESS (If rural, give location) 121 North Laura	

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) RAYRSON c. (Last) ROBINSON			4. DATE OF DEATH (Month) (Day) (Year) 4 5 51		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5/15/62		9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months Days 2	
11. BIRTHPLACE (State or foreign country) Peterburro, Canada		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - retired		10b. KIND OF BUSINESS OR INDUSTRY Own account			

13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Ida Runyon Robinson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. R. Robinson, Maryville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure		INTERVAL BETWEEN ONSET AND DEATH 3 mo	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypostatic Broncho-Pneumonia 2 wks			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4341			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no operations		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 **3-9-51**, 1951, to **April 5**, 1951, that I last saw the deceased alive on **3-19**, 1951, and that death occurred at **1 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D.		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 4/6/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/7/51		24c. NAME OF CEMETERY OR CREMATORY Miriam		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
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DATE REC'D BY LOCAL REG. 4-7-51		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

3742



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

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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.