

FILED JAN 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 743

BIRTH NO. 1180-51 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (In this place) 3 hrs.		d. STREET ADDRESS (If rural, give location) 310 Hooker St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital.			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Michael	b. (Middle) Allen	c. (Last) Crismon.	Jan. 17th, 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 17th, 1951.	9. AGE (In years last birthday) 0	# UNDER 1 YEAR 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Grover Crismon, Jr.	13b. MOTHER'S MAIDEN NAME Corinne Welch	14. NAME OF HUSBAND OR WIFE
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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 Grover Crismon, Jr. Washington, 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, asthma, etc. It means the disease, injury, or complications which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra cranial hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Face presentation + Difficult Delivery 3 hrs		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		7610	

19a. DATE OF OPERATION 1-17-51	19b. MAJOR FINDINGS OF OPERATION Forceps operation - Face presentation	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (In or about home, farm, factory, street, office bldg., etc.) Hospital	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Washington Franklin Mo
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? Forceps delivery

22. I hereby certify that I attended the deceased from Jan 17, 1951, to Jan 17, 1951; that I last saw the deceased alive on Jan 17, 1951, and that death occurred at 5 P m., from the causes and on the date stated above.

23a. SIGNATURE I M Schmidt (Degree or title) MD	23b. ADDRESS 2nd + Ellen Washington Mo	23c. DATE SIGNED 1-17-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18th, 1951	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Evang. Cemetery	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. Jan. 25, 1951	REGISTRAR'S SIGNATURE [Signature]	99	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Niebrug & Witt, Inc. Washington, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0362

RECEIVED

JAN 29 1951

DISTRICT HEALTH OFFICE No. 4

File No. -----

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 *James F. Svoboda* -----

Licensed Embalmer No. *4507* -----

P. O. Address *Washington* -----

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.