

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **4427** Registrar's No. **88**

1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, write RURAL and give town) Waynesville, Mo		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Waynesville,
d. FULL NAME OF HOSPITAL OR INSTITUTION None		• STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED a. (First) Ila b. (Middle) Estella c. (Last) Crismon		4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 27, 1883
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Cole County, Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John Dawson	
13b. MOTHER'S MAIDEN NAME Elizabeth Duncan		14. NAME OF HUSBAND OR WIFE L.D. Crismon	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME L.D. Crismon ADDRESS Waynesville, 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 complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gunshot wound by 22 caliber Rifle into Cranium through frontal bone		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Wound by 22 caliber Rifle into Cranium through frontal bone DUE TO (c) None		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E976X	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Waynesville, Pulaski Mo
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 **on Aug. 6, 1954** to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **2:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Billy J. Hedge (Degree or title) Coroner	23b. ADDRESS Richland, Missouri	23c. DATE SIGNED Aug/7/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 18/54	24c. NAME OF CEMETERY OR CREMATORY Waynesville Memorial	24d. LOCATION (City, town, or county) (State) Waynesville, Mo
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DATE REC'D BY LOCAL REG. 8-7-54	REGISTRAR'S SIGNATURE Paula Mae Anderson	458	25. FUNERAL DIRECTOR'S SIGNATURE Billy J. Hedge ADDRESS Richland, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8-7-54
Date Filed
8-7-54
File Number
Pulaski County Health Officer
RECEIVED
8-7-54

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
Signature of Student Embalmer

Signed *Walter P. Hedger*

Licensed Embalmer No. *426*

P. O. Address *Heri, m*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.