No. 300
10.48

LED JUL 15 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5192 State File No. 19764

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3-011 Registrar's No. 56

#(12)
70
1

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

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Comb Twp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Carroll
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 0170 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Horace
b. (Middle):
c. (Last): Crismond

4. DATE OF DEATH (Month) (Day) (Year): June 9 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Mch. 12-1879
9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months 2 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Hale Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Thaddeus Crismond
13b. MOTHER'S MAIDEN NAME: Sarah L Embery
14. NAME OF HUSBAND OR WIFE: Myrtle Radsbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: Myrtle Radsbaugh
ADDRESS: Hale Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia poisoning

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 592X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 9, 1952 *to* June 9, 1952 *that I last saw the deceased alive on* June 9, 1952 *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Hamilton Alston, M.D.
23b. ADDRESS: Carrollton, Mo
23c. DATE SIGNED: Jun 12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 11-52
24c. NAME OF CEMETERY OR CREMATORY: Hale Cemetery
24d. LOCATION (City, town, or county) (State): New Hale Carroll Mo.

DATE REC'D BY LOCAL REG.: 17-12-52
REGISTRAR'S SIGNATURE: Mrs Herbert Calvert 5-1
25. FUNERAL DIRECTOR'S SIGNATURE: Frank E Slater
ADDRESS: Hale Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Frank E. Slater

Licensed Embalmer No. 937

P. O. Address Hale 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.