

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27450

State File No. ....

FILED SEP 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 146

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Laclede</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> |   |
| b. CITY OR TOWN <u>Lebanon</u>   |  | c. CITY OR TOWN <u>Lebanon</u>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>1</u>   |  | e. STREET ADDRESS (If rural, give location) <u>410 Millcreek Road</u>   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>410 Millcreek Road</u> |  |   |   |

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|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Oliver</u> b. (Middle) <u>Guy</u> c. (Last) <u>Crismon</u> |  |  | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>27</u> Year <u>1956</u> |
|---|--|--|--|

|                 |                               |   |                                       |   |   |   |
|-----------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 22, 1896</u> | 9. AGE (In years last birthday) <u>59</u> | 10. UNDER 1 YEAR Months <u>10</u> Days <u>5</u> | 11. UNDER 2 HRS. Hours <u></u> Min. <u></u> |
|-----------------|-------------------------------|---|---------------------------------------|---|---|---|

|  |                                   |  |  |
|--|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor grader operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|--|-----------------------------------|--|--|

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|--|--|---|
| 13a. FATHER'S NAME <u>Thos. J. Crismon</u> | 13b. MOTHER'S MAIDEN NAME <u>Anna Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>Delia M. Crismon</u> |
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|   |   |   |                             |
|---|---|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>486-24-2429</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Montgomery</u> | ADDRESS <u>Lebanon, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Pulmonary Embolism</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>none</u><br><br><u>30 yrs.</u> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Rheumatic heart disease</u> |  |  |
|  | DUE TO (c)   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |  |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>416X</u> | 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) (Min.) | 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 Jan, 1936, to Aug, 1936, that I last saw the deceased alive on Aug. 26, 1936, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

|  |                                  |                                      |
|--|----------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Chas. Froelich, M.D.</u> | 23b. ADDRESS <u>Lebanon, Mo.</u> | 23c. DATE SIGNED <u>Aug 28, 1956</u> |
|--|----------------------------------|--------------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/29/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u> |
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|   |   |   |                             |
|---|---|---|-----------------------------|
| DATE REC'D BY LOCAL REG. <u>8-29-1956</u> | REGISTRAR'S SIGNATURE <u>Hella L. May</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Halman Funeral Home</u> | ADDRESS <u>Lebanon, Mo.</u> |
|---|---|---|-----------------------------|

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

440

Received 9-4-56  
Laclede County Health Unit  
File No. 146  
Date Filed 9-4-56

RECEIVED  
SEP 10 1956

**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 Dorsey M. Howe

Licensed Embalmer No. 422

P. O. Address Lebanon

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.