

0-300  
-10-47  
-17-39  
I 3906

U.S. DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **32009**  
Registrar's No. **278**

**FILED NOV 12 1948**

Registration District No. **38**

Primary Registration District No. **5120**

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

**1. PLACE OF DEATH:**  
 (a) County **Boone**  
 (b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Route 1 /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **16 Years**  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Boone**  
 (c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **Route 1**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **LEWIS ALFRED CRILEY**  
 3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Oct.** day **31**  
 year **1948** hour **2** minute **P.** M.  
**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Marguerite Wallace Criley** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **7 - 11 - 1909**  
(Month) (Day) (Year)

Immediate cause of death **Sunshot wound**  
 Due to **Self inflicted**  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations **10.**  
 Of autopsy \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<b>39</b>	<b>3</b>	<b>20</b>	_____ hr. _____ min.

9. Birthplace **Kansas City Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail Carrier**

**11. Industry or business**  
 12. Name **Walter L. Criley**  
 13. Birthplace **Ohio**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Cora Honeymaker**  
 15. Birthplace **Virginia**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) **Suicide**  
 (b) Date of occurrence **Oct 31-48**  
 (c) Where did injury occur? **Boone Mo**  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home** (Specify type of place) **3**  
 While at work? \_\_\_\_\_ (e) Means of injury **Coroner**

16. (a) Informant **Mrs. Marguerite Criley**  
 (b) Address **Route 1, Columbia, Mo.**  
 17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **11-2-48**  
(Month) (Day) (Year)  
 (c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Parson Funeral Service**  
 (b) Address **Columbia, Mo.**

19. (a) **Nov 2, 1948** (Date received local registrar) (b) **Mrs. R. E. Palmer** (Registrar's signature)

23. Signature **J. S. Howard** **Coroner**  
 Address **Columbia Mo** Date signed **11/2/48**

JAN 22 1949  
APR 12 1949

RECEIVED  
District Health Officer No. 8,  
District No. 101 NOV 10 1948

NOV 16 1948

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *M. S. Whitwides*  
Licensed Embalmer No. *3893*  
P. O. Address *Columbia 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.