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

FILED DEC 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40651

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 318

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (In this place): 28 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone 010.5
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0
d. STREET ADDRESS (If rural, give location): 1103 Jewell Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): MYRON
c. (Last): CREBER

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: August 11, 1911
9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months: 3 Days: 11
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Labor
11. BIRTHPLACE (State or foreign country): Streator, Illinois 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John M. Creber
13b. MOTHER'S MAIDEN NAME: Mable G. Creber
14. NAME OF HUSBAND OR WIFE: Impgene Hadley Creber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John M. Creber
ADDRESS: Columbia, 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) Laceration and hemorrhage of brain — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bullet wound

DUE TO (c) E976X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/7/51
19b. MAJOR FINDINGS OF OPERATION: Bullet wound of head and laceration of brain
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP): Columbia (COUNTY): Boone (STATE): Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 - 7 - 51 7 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Self inflicted

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 12/8, 1951, *and that death occurred at* 7a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry H Sweet Jr MD Coroner 3
23b. ADDRESS: 909 University Ave
23c. DATE SIGNED: 12/8/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: Dec. 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Columbia, Mo

DATE REC'D BY LOCAL REG.: Dec 10 1951
REGISTRAR'S SIGNATURE: Mrs R E Palmer 31 0
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 17 1951
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed DEC 17 1951

DEC 29 1951

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 Lyman W. Sprinkle
Licensed Embalmer No. 4013
P. O. Address Columbia, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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