

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16965

State File No. \_\_\_\_\_

FILED MAY 28 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5774 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lincoln County Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>RURAL Snow Hill Twp</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In his parents Home</u>		e. STREET ADDRESS (If rural, give location) <u>Foley Mo. 0576</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Creech</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 - 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3-20-1928</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 2 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAPTAIN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Arthur Creech</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie WALLACE</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War II</u>	16. SOCIAL SECURITY NO. <u>496-28-7472</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arthur Creech, Foley Mo</u>	ADDRESS _____
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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 <u>30Min.?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of left breast</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Severed Pulmonary Vessels</u> DUE TO (c) <u>Self-Inflicted Gunshot Wound.</u>		
II. OTHER SIGNIFICANT CONDITIONS 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>976x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Snow Hill Twp. Lincoln Co. Missouri</u>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>May 14, 1956 8:00 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Shot self with 22 rifle</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph J. Marsh</u> (Degree or title) <u>CORONER</u>	23b. ADDRESS <u>351 Monroe St. Troy, Missouri</u>	23c. DATE SIGNED <u>5/14/56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5-17-1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elsberry Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Elsberry Lincoln Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 26 1956</u>	REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Clifton Miller - Elsberry Mo</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 28 1956

JUN 5 1956

MAY 28 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 May 14 - 1956 Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Elston Miller

Licensed Embalmer No. 330

P. O. Address Elsbury

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (F 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.