

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **566**

FILED JAN 21 1957

BIRTH NO. _____ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5301 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>De Witt Township</u>		c. LENGTH OF STAY (In this place) <u>Unknown</u>	c. CITY OR TOWN <u>Sedalia</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North Side Missouri River Miami Bridge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LEON</u>		b. (Middle) <u>CLYDE</u>	e. STREET ADDRESS (If rural, give location) <u>1408 West 10th Street</u>
c. (Last) <u>MILLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1957</u>	
5. SEX <u>Male</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, 1899</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Faribault County, Minnesota</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cigar Company</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Miles L. Miller</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Magdalena Stauffer</u>	14. NAME OF HUSBAND OR WIFE <u>Garnette Miller</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>337-09-0213</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Garnette Miller, Sedalia, Missouri</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Accidental Death - Drowned</u> ANTECEDENT CAUSES DUE TO (b) <u>17 Missouri River AT Miami</u> DUE TO (c) <u>Bridge. Accidentally Fall Over</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bannister into River 9 298</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>De Witt Township CARROLL MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 11 57 10:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Accidental Fall From Bridge</u>	
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 <u>10:30 AM</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James O. Colman Coroner</u>		23b. ADDRESS <u>103 E 4th Carrollton Mo.</u>	23c. DATE SIGNED <u>Jan 13-1957</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>
DATE REC'D BY LOCAL REG. <u>1-14-1957</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DW Dechert</u>	ADDRESS <u>Sedalia, Missouri</u>

(Licensed Embalmer's Statement on Reverse Side)

GILLESPIE FUNERAL HOME

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

47-

JAN 22 1957

MAJOR ANTHONY J. STREIBER

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 *Russell C. Mad...*

Licensed Embalmer No. *480*

P. O. Address *Sedalia,*

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.