

FILED JUL 1 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH57 021695  
STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4268 Registrar's No. 201

|   |  |  |                                   |   |   |  |  |  |
|---|--|--|-----------------------------------|---|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <i>Lafayette</i>   |  |  |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>                  |   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><i>Maynew Mo</i>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |                                   | c. CITY OR TOWN<br><i>0510 Leeton, Mo.</i>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION   |  |  | Length of stay in 1b              |   | d. STREET ADDRESS (If outside, give location)<br><i>5th. South</i>            |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |  |
| 3. NAME OF DECEASED (Type or print)<br><i>James Roy Miller</i>  |  |  |                                   | 4. DATE OF DEATH<br>Month <i>6</i> Day <i>18</i> Year <i>57</i>   |   |  |  |  |
| 5. SEX<br><i>Male</i>   |  | 6. COLOR OR RACE<br><i>White</i>   |                                   | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><i>July 29, 1901</i>   |  |  |
| 9. AGE (In years last birthday)<br><i>55</i>  |  | IF UNDER 1 YEAR<br>Months _____ Days _____   |                                   | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |   |  |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY |   | 11. BIRTHPLACE (City and state or country)<br><i>North of Leeton Mo. USA.</i> |  | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13. FATHER'S NAME<br><i>James Wesley Miller</i>   |  |  |                                   | 14. MOTHER'S MAIDEN NAME<br><i>Nannie Fair</i>  |   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)   |  | 16. SOCIAL SECURITY NO.  |                                   | 17. INFORMANT<br><i>City of Leeton - Waverly Mo.</i>  |   |  |  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Compound fracture of skull,</i> |  |  |                                   |   |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  | DUE TO (b) <i>I think by a falling heavy bridge</i>  |                                   |   |   |  |  |  |
|   |  | DUE TO <i>trailer while working on a highway bridge</i>  |                                   |   |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>9105</i>                       |  |  |                                   |   |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i> |  |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><i>at 6x9 x 20 ft bridge timber fell crushing skull</i>                        |                                   |   |   |  |  |  |
| 20c. TIME OF INJURY<br>Hour: <i>7:30</i> a. m. Month: <i>6</i> Day: <i>18</i> Year: <i>57</i>   |  | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)<br><i>Highway bridge building site</i>   |                                   |   |   |  |  |  |
| 20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20f. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.)<br><i>New bridge on river near Maynew Lafayette Co Mo</i>                                  |                                   | 20g. CITY, TOWN, OR LOCATION<br><i>Leeton</i>   |   | 20h. COUNTY<br><i>Lafayette</i>  |  |  |
| 20i. STATE<br><i>Mo</i>   |  | 21. I attended the deceased from _____<br>Death occurred at _____<br><i>July 30, 1957</i> m on the date stated above; and to the best of my knowledge, from the causes stated. |                                   |   |   |  |  |  |
| 22a. SIGNATURE<br><i>W. M. Martin M.D. Coroner</i>  |  | 22b. ADDRESS<br><i>0 1/2 W. 1st St</i>   |                                   | 22c. DATE SIGNED<br><i>6-18-57</i>  |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Removal</i>   |  | 23b. DATE<br><i>6-19-57</i>  |                                   | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Windsor</i>  |   | 23d. LOCATION (City, town, or county) (State)<br><i>Windsor, Mo.</i>                 |  |  |
| 24. FUNERAL DIRECTOR<br><i>Huston - (Ellis)</i>   |  | ADDRESS<br><i>Windsor 7700</i>   |                                   | 25. DATE RECD. BY LOCAL REG.<br><i>June 18, 1957</i>  |   | 26. REGISTRAR'S SIGNATURE<br><i>Emma Davidson</i>                                    |  |  |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUL 12 1957

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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 *Forest P. Higginson* .....  
Licensed Embalmer No. ....

P. O. Address *Higginson* .....

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