

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32705

STATE FILE NUMBER

FILED SEP 17 1957

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 41-57

Health, Welfare & Public Service

300
1-56

All diseases in Part I must be, casually related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY San Francisco	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 1/2 Mi S Tuscumbia		c. CITY OR TOWN San Francisco	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osage River		d. STREET ADDRESS 1836 16th Ave	
3. NAME OF DECEASED (Type or print) First FREDERICK Middle JACK Last MILLER		4. DATE OF DEATH Month September Day 2 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 14 Jan 1914
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier		10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and state or country) Gurdon, Arkansas
13. FATHER'S NAME William Edgar Miller		14. MOTHER'S MAIDEN NAME Iantonette Hymnicutt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 431-01-0736	17. INFORMANT Address R S O'HERN Maj MSC Ft Leonard Wood, Mo
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxiation			INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Drowning			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) Swimming		
20c. TIME OF INJURY 3:00	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Osage River		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION 1/2 Mi S Tuscumbia Miller Missouri		
21. I declare swear the deceased died died 2 September 1957 at 3:00 Pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James B. White Capt MC		22b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	
22c. DATE SIGNED 3 Sep 57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Remove	23b. DATE Sept. 7/57	23c. NAME OF CEMETERY OR CREMATORY Saginaw Cemetery	23d. LOCATION (City, town, or county) (State) Saginaw, Michigan.
24. FUNERAL DIRECTOR Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 9-11-57	26. REGISTRAR'S SIGNATURE Ms. H. E. Kallenbach

