

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-008471  
STATE FILE NUMBER

Registration District No. 323 Primary Registration District No. 6091 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Florida</i> b. COUNTY <i>Pinellas</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural-Saltpond</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>St. Petersburg</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <i>3 mi. E. of Sweet Springs</i> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>1548 3rd Ave. South</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Clyde W. Miller</i>			4. DATE OF DEATH Month Day Year <i>February 10, 1958</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 17, 1911</i>
9. AGE (In years last birthday) <i>46</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Truck driver</i>	11. BIRTHPLACE (City and state or country) <i>Perry, Georgia</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Ada Holmes</i>	14. NAME OF HUSBAND OR WIFE <i>Ruby Miller</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>265-14-6279</i>	17. INFORMANT address <i>Eva. Oliver</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Unavoidable Car accident</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Crushed Skull posteriorly.</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>Inst.</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.) <i>Accident.</i>	
20c. TIME OF INJURY Hour Month, Day, Year <i>7:40 a.m. 2-10-58</i>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway 40, 3 Miles E. of Sweet Springs, Salt Pond Saline, Mo.</i>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>097 Saline, - Mo.</i>	
21. I attended the deceased from Death occurred at <i>7:40 p.m.</i> and last saw her/him alive on <i>2-10-58</i> and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>P. L. Lawless M.D. Clinician Saline Co.</i>		22b. ADDRESS <i>Marshall Mo.</i>	22c. DATE SIGNED <i>2-11-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>Feb. 13, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Petersburg, Florida</i>
24. FUNERAL DIRECTOR ADDRESS <i>Edgar L. Moseley, Sweet Springs, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Feb. 13, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mary Moseley</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 20 1958

VS NOV 15 1960

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 *Edgar L Masley* .....

Licensed Embalmer No. *4711* .....

P. O. Address *Sweet Springs,* .....

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.