

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 5517 Registrar's No. 164

DO NOT WRITE ON THIS STUB

9. 0
10a. 83
10b.
11. 1
12. 2
13. 955X
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4 0420

5. 90

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6 0420

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST LANDON M. MILLER			SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) July 13, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEAR) Mo. 83 Day 10 Hr. 15	DATE OF BIRTH (MONTH, DAY, YEAR) August 28, 1884		COUNTY OF DEATH Henry	
CITY, TOWN, OR LOCATION OF DEATH Calhoun			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Rural Rt. # 2			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Virginia		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
SOCIAL SECURITY NUMBER 499 09 6068		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Laborer		KIND OF BUSINESS OR INDUSTRY Farm Work		
RESIDENCE—STATE Missouri		COUNTY Henry	CITY, TOWN, OR LOCATION Calhoun		INSIDE CITY LIMITS (SPECIFY YES OR NO) No	STREET AND NUMBER Rt. # 2
FATHER—NAME FIRST MIDDLE LAST Lige Miller			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Mary A. Fletcher			
INFORMANT—NAME Leo M. Miller			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Blairstown, Mo. Box #3			
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE (a) Compound Skull Fracture Due to						Impaled.
DUE TO, OR AS A CONSEQUENCE OF: (b) Gun Shot wound Rt Parietal Area						
DUE TO, OR AS A CONSEQUENCE OF: (c) 						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (D)						AUTOPSY (YES OR NO) No
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) Suicide		DATE OF INJURY (MONTH, DAY, YEAR) 7-13-68	HOUR 11 P	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) SELF INFLICTED		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) At Home	LOCATION Route #2 Calhoun Mo	STREET OR R.F.D. NO., CITY OR TOWN, STATE		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM unattended		MONTH DAY YEAR MONTH DAY YEAR 7 13 68	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 7 14 68		I DID/DID NOT VIEW THE BODY AFTER DEATH. (HOURS) 4 A	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						DEATH OCCURRED AT THE PLACE, ON THE DATE, AND TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
CERTIFIER NAME (TYPE OR PRINT) Richard H. King M.D.		SIGNATURE <i>Richard H. King M.D.</i>		DATE SIGNED (MONTH, DAY, YEAR) 7-15-68		
MAILING ADDRESS—CERTIFIER Henry County Calhoun		STREET OR R.F.D. NO. 106 S. 3rd		CITY OR TOWN Clinton Mo.		STATE Mo.
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Paul Cemetery		LOCATION Chillhowee, Missouri		
DATE (MONTH, DAY, YEAR) July 16, 1968		FUNERAL HOME—NAME AND ADDRESS Vansant Funeral Home, Clinton, Missouri		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 64735		
FUNERAL DIRECTOR—SIGNATURE <i>A.D. Vansant</i>		REGISTRAR—SIGNATURE <i>Mildred Biggers</i>		DATE RECEIVED BY LOCAL REGISTRAR July 15, 1968		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

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 W. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, Mo.

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.

Permit Obtained 11-15-68
WAB