



PURCHASING DEPARTMENT

Madison County Board of Supervisors
146 West Center Street
Canton, MS 39046 / 601-855-5534
kesha.buckner@madison-co.com

April 15, 2019

To: Board of Supervisors
From: Kesha Buckner, Purchasing Clerk
Subject: Authorization for Madison County to bury unclaimed body

On March 18, 2019, Mr. Leonard Dale McFall, a pedestrian was killed in a hit and run motor vehicle crash at mile marker 121 of I-55N. A sister, Goldie Carpenter and ex-wife, Anna McFall have been located however neither has agreed to claim the body. Mr. Breeland is requesting that Madison County provide burial for Mr. McFall as soon as possible.

I recommend that Mr. McFall body be buried in the county-owned cemetery located on George Washington Avenue in Canton, MS and that the board authorize payment of \$125 to F&M Transport for transportation of the body to the cemetery.

Attachments: Letter from Coroner
Death Investigation Report

MADISON COUNTY CORONER

ALEX BREELAND

MADISON COUNTY, MISSISSIPPI

April 10, 2019

Madison County Board of Supervisors

RE: Leonard Dale McFall

On March 18, 2019, Mr. Leonard Dale McFall, a pedestrian, was killed in a hit and run motor vehicle crash at mile marker 121 of I-55 N. A sister, Goldie Carpenter and ex-wife, Anna McFall have been located however neither has agreed to "claim" his body. I am requesting that Madison County provide burial for Mr. McFall as soon as possible.

Respectfully;



Alex Breeland



STATE MEDICAL EXAMINER

REPORT OF DEATH INVESTIGATION

Central Office Use Only

(Date of Receipt)

(DOD Code)

(COD Code)

45-103182019A

ME Case Number

DECEDENT: Leonard Dale McFall
 (First Name) (Middle Name) (Last Name) (Jr., Sr., III, etc.)
ADDRESS: 370 Shady Pine Lane Jackson MS Hinds
 (Number & street or Route, Box No.) (City, State) (County)

INFORMATION ABOUT DECEDENT AND DESCRIPTION OF BODY

AGE (If less than 2 yrs. give months & days)
 59 Years
Date of Birth 3/31/1959

SEX
 Male
 Female
 Undetermined

CLOTHING
 Clothed
 Partly Clothed
 Unclothed

BODY TEMPERATURE
 Warm
 Cool
 Cold (if taken)

BLOOD FROTH
 Nose
 Present
 Mouth
 Absent
 Ears
 Clothing
 None

OCCUPATION
 (Please fill in both parts)
TYPE OF WORK:
 (Example: Machinist, typists, fireman, farmer salesman, homemaker)

MARITAL STATUS
 Married
 Never Married
 Widowed
 Divorced
 Separated
 Unknown

HEAD-HAIR
 None
 Partly Bald
 Blonde
 Brown
 Red
 Black
 Grey
 White

OTHER HAIR
 Mustache
 Beard

EYES:
 Color _____
 R _____ L _____

WEIGHT:
 170 lbs

LENGTH:
 5' 10"

MISCELLANEOUS:

 Circumcised

RIGOR (Circle Degree)
 Neck 0 1+ 2+ 3+
 Arms 0 1+ 2+ 3+
 Legs 0 1+ 2+ 3+

LIVOR
 Color _____
 Fixed? Yes No
 Anterior
 Posterior
 Lateral

OTHER
 Dirt, water, etc.)
 Nose
 Mouth
 Ears
 None

INDUSTRY:
 (Example: textile, banking, fire dept., farming, insurance, home)

No Occupational Information

INFORMATION ABOUT OCCURRENCE

ITEM	DATE	TIME	LOCATION	COUNTY	TYPE OF PREMISES Home, farm, highway, hospital, etc.)
INJURY OR ONSET OF ILLNESS	Unknown	Unknown	I-55 N mile marker 121	Madison	ON THE JOB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
LAST SEEN ALIVE			(By Whom: Name and Address) I-55 N mile marker 121	Madison	Interstate
DEATH	3/18/2019	Unknown	I-55 N mile marker 121 Canton	Madison	Interstate
FOUND DEAD BY	3/18/2019	8:05 AM	(By Whom: Name and Address or Title) Alex Breeiland, CMEI I-55 N mile marker 121	Madison	Interstate
POLICE NOTIFIED	3/18/2019		POLICE AGENCY: MHP		OFFICER: Marvin Henderson
CORONER/ME NOTIFIED	3/18/2019	7:11 AM	(By Whom: Name and Address) Madison S O		
VIEW OF BODY	3/18/2019	8:05 AM	I-55 N mile marker 121		<input type="checkbox"/> NOT VIEWED
WITNESS TO INJURY OR ILLNESS AND DEATH			(Name) _____ (Address) _____		BLOOD SAMPLE DRAWN: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Why not?: _____

MANNER OF DEATH

NATURAL HOMICIDE ACCIDENT SUICIDE UNKNOWN PENDING

MEDICO-LEGAL AUTOPSY AUTHORIZED:

Yes No

PATHOLOGIST
 State Medical Examiner

OTHER AUTOPSY DONE:

Yes No

PROBABLE CAUSE OF DEATH:

1. pending

2. Due to: _____

Contributing factor: _____

I hereby certify that after receiving notice of the death described herein I took charge of the body and made inquiries regarding the cause of death in accordance with the Mississippi Code Annotated, and that the information contained herein regarding such deaths is true and correct to the best of my knowledge and belief.

(Signature of Coroner or Medical Examiner)

Decedent's Social Security Number: 428-19-2751

Body Released To: State Crime Lab

Send original to the State Medical Examiner. Copies must be forwarded to County Clerk of Court.

3/18/2019 MADISON
 (Date Signed) (County) (Your Number)

Date: 3/18/2019

Time: _____