No. 300
10-48

FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5750

State File No.

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5922 Registrar's No. 146

0800

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia rural
c. LENGTH OF STAY (in this place): ****
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 miles east Sedalia on Boonville St. Road (Beaman twnsp)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia 0804 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1200 South Marvin

3. NAME OF DECEASED (Type or Print)
a. (First): ANDREW
b. (Middle): ELLIS
c. (Last): COLLINS

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1957

5. SEX: Male
6. COLOR OR RACE: White 0
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 15, 1910
9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab Driver
10b. KIND OF BUSINESS OR INDUSTRY: Taxi-cab
11. BIRTHPLACE (City and State or Foreign Country): Sedalia, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: A.G.Collins
13b. MOTHER'S MAIDEN NAME: Frances Smith
14. NAME OF HUSBAND OR WIFE: Nita J. Sands Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): **********
16. SOCIAL SECURITY NO.: 499-14-5396
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Josephine Forth, 1200 S. Marvin Sedalia, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pettis 080 Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-28-57 3:20 A m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Ran into a tree & rolled nearly Sedalia on Pomeroy Road while making a taxi cab call

22. *I hereby certify that I* ~~attended~~ VIEWED *the deceased from* Oct 19 Corner, 19 ~~, that I last saw the deceased alive on ____, 19____~~, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clia Gordon Stauffacher MD
23b. ADDRESS: Corner of Pettis County
23c. DATE SIGNED: 3-1-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/57
24c. NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery
24d. LOCATION (City, town, or county) (State): Sedalia, Missouri

DATE REC'D BY LOCAL REG.: 3/2/57
REGISTRAR'S SIGNATURE: Frances Shelby
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duane Evans Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5 41 0

Dr. Stauffacher

APR 22 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. E. Baker.....

Licensed Embalmer No. 2419

P. O. Address Sedalia

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