

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037087

FILED OCT 23 1958

Registration District No. 700

Primary Registration District No. 5719

STATE FILE NUMBER

Registrar's No. 94

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Macon</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Bever Township</i>		c. CITY OR TOWN <i>R.R. Colloo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>R.R. Colloo</i>		Length of stay in lb <i>Yrs.</i>	
3. NAME OF DECEASED (Type or print) First <i>Edward</i> Middle <i>Everett</i> Last <i>Collett</i>		4. DATE OF DEATH Month <i>Sept.</i> Day <i>27</i> Year <i>1958</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 14 1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years last birthday) <i>73</i> IF UNDER 1 YEAR: Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
11. BIRTHPLACE (City and state or country) <i>Macon County, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John C. Collett</i>		13b. MOTHER'S MAIDEN NAME <i>Alice Williams</i>	
14. NAME OF HUSBAND OR WIFE <i>No.</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No. No.</i>	
16. SOCIAL SECURITY NO. <i>no.</i>		17. INFORMANT <i>Mrs. John Day</i> Address <i>Excello, Mo.</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>Fractured Skull</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Accident.</i> DUE TO (c) <i>Top of tree hit him on head.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 hr 30 min</i>
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 type="checkbox"/> NO <input checked="" 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.) <i>Topping tree limb broke & hit him.</i>	
20c. TIME OF INJURY Hour <i>Unknown</i> Month <i>Sept.</i> Day <i>27</i> Year <i>1958</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> <i>Farm home</i>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Farm home</i>		20f. CITY, TOWN, OR LOCATION <i>Colloo</i> COUNTY <i>Macon</i> STATE <i>Mo.</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>Unknown P. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Lester Hutton</i>		22b. ADDRESS <i>Colloo 3 Macon Mo.</i>	
22c. DATE SIGNED <i>10/3/58</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Oct. 5, 1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Locust Grove Cem</i>		23d. LOCATION (City, town, or county) (State) <i>Colloo, Mo.</i>	
24. FUNERAL DIRECTOR <i>Lester Hutton</i>		25. DATE RECD. BY LOCAL REG. <i>10/13/58</i>	
ADDRESS <i>Macon, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Paul M. Neely</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

8551

OCT 28 1959
APR 10 1959

Date Filed

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 *Charles L. Hutton*

Licensed Embalmer No. *4577*

P. O. Address *Macon, Ga*

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.