

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 6 1960

27

Primary Registration District No. 5803

Registrar's No. 43

-60-042878  
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>MONROE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>INDIANCREEK TOWNSHIP</b>		Length of stay in 1b	c. CITY OR TOWN <b>LAKE BLUFF</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MONROE CITY (RURAL)</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>41 HAWTHORNE CT</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>CURTIS J WAGNER</b>			4. DATE OF DEATH Month Day Year <b>NOVEMBER 24 1960</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-14-1910</b>	9. AGE (last birthday) <b>50</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>HAIR DRESSER</b>	11. BIRTHPLACE (City and state or country) <b>CHICAGO ILL</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>CURTIS WAGNER Sr</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MINES</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NOT KNOWN</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>MRS ISABELL MILLER. CHICAGO ILL</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>HEAD AND CHEST INJURY</b>			INTERVAL BETWEEN ONSET AND DEATH <b>NOT KNOWN</b>
DUE TO (b) <b>AUTOMOBILE ACCIDENT</b>			
DUE TO (c)			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.) <b>AUTOMOBILE COLLISION WITH ANOTHER AUTOMOBILE</b>
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20c. TIME OF INJURY <b>ABOUT 4.35 AM</b>	Month, Day, Year <b>11-24-60</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>STATE HIGHWAY 24</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>INDIANCREEK TOWNSHIP. MONROE MISSOURI</b>
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21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.  
Death occurred at **ABOUT 4.35 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Russell M Wilson CORONER</b>		22b. ADDRESS <b>MONROE CITY, MISSOURI.</b>		22c. DATE SIGNED <b>11-24-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-28-1960</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>Chicago Illinois</b>	

24. FUNERAL DIRECTOR ADDRESS <b>Wilson Sons Monroe City, Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-28-60</b>	26. REGISTRAR'S SIGNATURE <b>F. B. Barnett M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1930

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by me \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leatie L. Wilson \_\_\_\_\_

Licensed Embalmer No. 3044

P. O. Address Monroe City

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