MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031765

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 153

FILED SEP 7 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

AMENDED

1	0610
2	8050
3	
4	0
5	1
6	
7	1
8	0
9	X
10	
11	061
12	91-3
13	1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hudson Township — Length of stay in 1b: Minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Highway 36 East — Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Colo. b. COUNTY: Boulder
c. CITY OR TOWN: Longmont — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1264 Tanppeak Ave — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Harold Middle Frederick Last Wagner

4. DATE OF DEATH: Month Aug. Day 31 Year 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8/31/1916

9. AGE (last birthday): 46 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (City and state or country): Albion, Penn.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Wagner

13b. MOTHER'S MAIDEN NAME: Ruth May

14. NAME OF HUSBAND OR WIFE: Ethel E. Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk.

17. INFORMANT: Ethel E. Wagner — Address: Longmont, Colo.

MEDICAL CERTIFICATION

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Multiple fractures. Internal injuries and shock

DUE TO (b):

DUE TO (c):

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH: 45 min

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☑ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. ~~p.m.~~ 8:00 — Month, Day, Year: Aug 31, 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 36

20f. CITY, TOWN, OR LOCATION: Hudson Township — COUNTY: Macon — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 8:45 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Howard Miller Mr. Coroner

22b. ADDRESS: Macon

22c. DATE SIGNED: 9/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Sept. 4, 1962

23c. NAME OF CEMETERY OR CREMATORY: Longmont Cem.

23d. LOCATION (City, town, or county) (State): Longmont, Colo.

24. FUNERAL DIRECTOR: Lester Hutton — ADDRESS: Macon, Mo.

25. DATE RECD. BY LOCAL REG.: 9-4-62

26. REGISTRAR'S SIGNATURE: Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1952

SEP 20 1962

APR 3 1963

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, 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.