MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 12 1960

-60-042879
STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 5-804 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson
Length of stay in 1b 5 Min
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi S. of Paris, Mo.
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Monroe
c. CITY OR TOWN Paris
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) W. Locust St.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Russell Middle Dale Last Wilson
4. DATE OF DEATH Month Dec. Day 5 Year 1960
5. SEX M
6. COLOR OR RACE W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4/21/1938
9. AGE (last birthday) 22
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) Farm laborer
10b. KIND OF BUSINESS OR INDUSTRY General farming
11. BIRTHPLACE (City and state or country) Paris, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Aubrey F. Wilson
13b. MOTHER'S MAIDEN NAME Margaret L. Walker
14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 486-42-2051
17. INFORMANT Aubrey Wilson, Address Mexico, Mo.

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) Broken neck in Car Wreck — INTERVAL BETWEEN ONSET AND DEATH 8 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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.) His car hit a parked car at side of Highway
20c. TIME OF INJURY Hour 12:32 a.m. ~~p.m.~~ Month, Day, Year 12-5-1960
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 15
20f. CITY, TOWN, OR LOCATION 2 Mile S. of Paris COUNTY Monroe STATE Mo.
21. I attended the deceased from 12-5-60, to 12-5-60 and last saw ~~her~~ him alive on 12-5-60
Death occurred at 12:40 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE F. A. Barnett (Degree or title) MD
22b. ADDRESS Paris, Mo.
22c. DATE SIGNED 12-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-7-1960
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Paris, Mo.
24. FUNERAL DIRECTOR E. H. Agnew ADDRESS Paris, Mo.
25. DATE RECD. BY LOCAL REG. 12-6-60
26. REGISTRAR'S SIGNATURE F. A. Barnett M.D.

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1960

VS DEC 13 1960

JUN 13 1960

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed E. H. Agnew,
Signature of Student Embalmer

Licensed Embalmer No. 4000

P. O. Address Paris, Mo

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