

CERTIFICATION OF DEATH RECORD


SPRINGFIELD CITY CLERK SPRINGFIELD, ILLINOIS MEDICAL CERTIFICATE OF DEATH

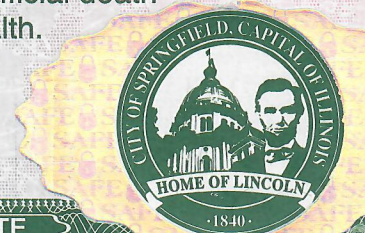
STATE FILE NUMBER 2020 0122889

DATE ISSUED 12/29/2020

| | | | | | |
|---|---|--|--|--|---|
| DECEDENT'S LEGAL NAME JERRY MOULTON WAGGONER | | | | SEX MALE | DATE OF DEATH DECEMBER 21, 2020 |
| COUNTY OF DEATH SANGAMON | | AGE AT LAST BIRTHDAY 90 YEARS | | DATE OF BIRTH FEBRUARY 25, 1930 | |
| CITY OR TOWN SPRINGFIELD | | | HOSPITAL OR OTHER INSTITUTION NAME REGENCY CARE | | |
| PLACE OF DEATH NURSING HOME / LONG TERM CARE FACILITY | | | | | |
| BIRTHPLACE CENTRALIA, IL | | SOCIAL SECURITY NUMBER | STATUS AT TIME OF DEATH MARRIED | SURVIVING SPOUSE/CIVIL UNION PARTNER'S MAIDEN NAME BETTY RUTH ROBERSON | EVER IN U.S. ARMED FORCES? YES |
| RESIDENCE 5408 MANHATTAN DRIVE | | | APT. NO. | CITY OR TOWN SPRINGFIELD | INSIDE CITY LIMITS? YES |
| COUNTY SANGAMON | STATE IL | ZIP CODE 62711 | FATHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION ALBERT JAMES WAGGONER | | MOTHER/CO-PARENT'S NAME PRIOR TO FIRST MARRIAGE/CIVIL UNION RUTH HELEN MOULTON |
| INFORMANT'S NAME BETTY RUTH WAGGONER | | RELATIONSHIP WIFE | | MAILING ADDRESS 5408 MANHATTAN DRIVE, SPRINGFIELD, IL, 62711 | |
| METHOD OF DISPOSITION BURIAL | | PLACE OF DISPOSITION SUNSET FUNERAL HOME MEMORIAL PARK & CREMATION CENT | | LOCATION - CITY OR TOWN AND STATE DANVILLE, IL | DATE OF DISPOSITION DECEMBER 28, 2020 |
| FUNERAL HOME BISCH FUNERAL HOME, 2931 S. KOKE MILL ROAD, SPRINGFIELD, IL, 62711 | | | | | |
| FUNERAL DIRECTOR'S NAME JAMES T WILLIAMSON JR | | | | FUNERAL DIRECTOR'S ILLINOIS LICENSE NUMBER 034014879 | |
| LOCAL REGISTRAR'S NAME FRANK J LESKO | | | | DATE FILED WITH LOCAL REGISTRAR DECEMBER 23, 2020 | |
| CAUSE OF DEATH PART I. COVID IMMEDIATE CAUSE (Final disease or condition resulting in death) a. _____ Due to (or as a consequence of): b. _____ Due to (or as a consequence of): c. _____ Due to (or as a consequence of): | | | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS |
| PART II. Enter other <i>significant conditions contributing to death</i> but not resulting in the underlying cause given in PART I. FAILURE TO THRIVE, CAD, DEMENTIA | | | | WAS AN AUTOPSY PERFORMED? NO WERE AUTOPSY FINDINGS USED TO COMPLETE CAUSE OF DEATH? N/A | |
| FEMALE PREGNANCY STATUS NOT APPLICABLE | | | | MANNER OF DEATH NATURAL | |
| DATE OF INJURY | | TIME OF INJURY | PLACE OF INJURY | | INJURY AT WORK? |
| LOCATION OF INJURY | | | | | |
| DESCRIBE HOW INJURY OCCURRED: | | | | IF TRANSPORTATION INJURY, SPECIFY: | |
| ATTEND THE DECEASED? YES | DATE LAST SEEN ALIVE NOVEMBER 19, 2020 | | WAS MEDICAL EXAMINER OR CORONER CONTACTED? YES | DATE PRONOUNCED | TIME OF DEATH 07:45 PM |
| CERTIFIER PHYSICIAN | | | | DATE CERTIFIED DECEMBER 23, 2020 | |
| NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH DR. MAOXIIM TELLEZ, 1 CENTRE DRIVE, PETERSBURG, ILLINOIS, 62675 | | | | PHYSICIAN'S LICENSE NUMBER 036117662 | |

This is to certify that this is a true and correct copy from the official death record filed with the Illinois Department of Public Health.

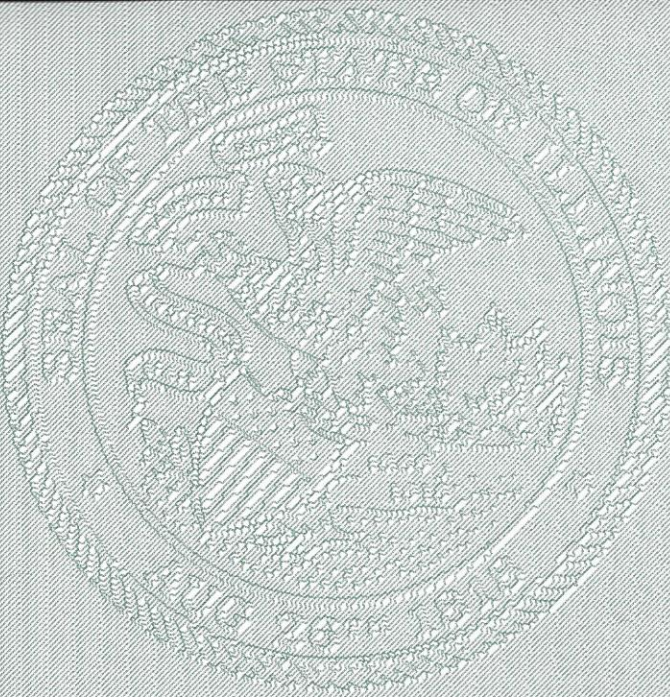

 Frank J. Lesko
 City Clerk



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

THE WORD VOID APPEARS WHEN PHOTOCOPIED

HOLD UP TO LIGHT TO VERIFY TRUE WATERMARK



TO TEST FOR AUTHENTICITY: The face of this document has a multicolored background. Verification of some of these security features can be accomplished by:

- Holding the *SafetImage*[™] security paper up to transit light, to verify the words "SAFE" and "VERIFY FIRST" in the true fourdrinier watermark.
- Identifying visible blue and red fibers embedded in the paper.
- Applying fresh liquid bleach to activate color stain chemical protection reaction.
- Face of document has a full bleed green border with ornate lines including reverse microtext.
- This backer copy is constructed of a full bleed microtext relief showing larger state seals. Inspection under magnifier shows "ILLINOISDEATHCERTIFICATE" in microtext.
- Document is protected with tactile holographic seals. Hold to light to verify both.
 - Left seal shows "ILLINOIS DEATH CERTIFICATE" with tactile lines over printing seal.
 - Right seal shows "LOCK-KEY-SAFE" flip imagery and guilloche tactile ridges with "D" and "C" latent images.
- Inspect background with a magnifier to verify the encrypted NaNCopy[™] algorithm in body of document.
- Photocopying this document produces the word "VOID" across the face.

