

No. 30. 10. 48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22529

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 169

1. PLACE OF DEATH a. COUNTY 404 N 4 <sup>th</sup> St Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 404 N 4 <sup>th</sup> St	
c. LENGTH OF STAY (in this place)		10 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 301 North 5 <sup>th</sup> 1		d. STREET ADDRESS (If rural, give location) Columbia 4	
3. NAME OF DECEASED (Type or Print) (First) Claude (Middle) (Last) Logan		4. DATE OF DEATH (Month) (Day) (Year) 7 2 49	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 18 92
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (State or foreign country) Boone County Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles Logan	
13b. MOTHER'S MAIDEN NAME Berntha Collins		14. NAME OF HUSBAND OR WIFE Henrietta Logan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME (Name and address) Cordelia Goldman 414 1/2 X		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) Hypertension			
DUE TO (c) Cerebral Arteriosclerosis			
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.		4 1/2 X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1, 1949, to July 2, 1949, that I last saw the deceased alive on June 25, 1949, and that death occurred at 9 a. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Harry M. Griffith, M.D.		23b. ADDRESS Columbia Mo	
23c. DATE SIGNED July 3, 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) 7-6-49		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Log Providence		24d. LOCATION (City, town, or county) (State) Boone County Mo	
DATE REC'D BY LOCAL REG. July 5 1949		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer 31	
25. FUNERAL DIRECTOR'S SIGNATURE A. C. Freeman		ADDRESS 608 Park Ave Columbia Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-12-49  
District Health Officer No. 9,  
District File Number.

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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia 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 this body is not embalmed, fact should be so stated above.