

S. No. 300
 EV. 10.48

FILED OCT 24 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

33135

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>42</u>	PRIMARY REG. DIST. NO. <u>5134</u>	Registrar's No. <u>1116</u>
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tarkio</u>		
c. LENGTH OF STAY (in this place) <u>22 days</u>		d. STREET ADDRESS (If rural, give location) <u>RR #3, St. Joseph, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Millard</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Logan</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>May 17, 1874</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR <u>75</u> Months <u>4</u> Days <u>25</u> Hours <u>Min.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>		11. BIRTHPLACE (State or foreign country) <u>Tarkio, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Franklin Logan</u>		
13b. MOTHER'S MAIDEN NAME <u>Jennie</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Hooper, Tarkio, Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Diabetes mellitus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Man was a Christian Scientist</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>and was not under the</u> 19a. DATE OF OPERATION <u>preceding his death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>260X</u>
19b. MAJOR FINDINGS OF OPERATION <u>Care by a medical doctor</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Violent</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Tarkio Missouri</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>at 7:25 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>
22. I hereby certify that I <u>visited</u> the deceased from <u>on 10/12, 1949</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:25 AM</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>H. F. Munday M.D., Corona St. Joseph, Mo.</u>		23b. ADDRESS <u>Tarkio Missouri</u>		23c. DATE SIGNED <u>10/12/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/12/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tarkio Missouri</u>
24d. LOCATION (City, town, or county) (State) <u>Tarkio Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Bowman</u>		
DATE REC'D BY LOCAL REG. <u>Oct 17, 1949</u>		REGISTRAR'S SIGNATURE <u>E. C. Jenkins</u>		ADDRESS <u>St. Joseph</u>

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

(Licensed Embalmer's Statement on Reverse Side) None

D. Mendenhall

FEB 21 1951

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
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 10th St. Joseph, 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.