

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41572

55

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY OR TOWN <u>Aurora MO</u>		c. CITY OR TOWN <u>Aurora MO</u>	
c. LENGTH OF STAY (in this place) <u>1 MO</u>		d. STREET ADDRESS (If rural, give location) <u>17 East Church St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>17 East Church St</u>		d. STREET ADDRESS (If rural, give location) <u>17 East Church St</u>	
3. NAME OF DECEASED (Type or Print) <u>JESSIE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 27 - 1949</u>	
a. (First) <u>JESSIE</u> b. (Middle) <u>Logan</u> c. (Last) _____			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>March 11 - 1874</u>
9. AGE (In Years last birthday) <u>75</u>		10. MONTHS <u>9</u>	11. DAYS <u>16</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>P. Fraizer</u>		13b. MOTHER'S MAIDEN NAME <u>Olivia Manning</u>	
14. NAME OF HUSBAND OR WIFE <u>H. H. Logan Aurora, Mo</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME _____		ADDRESS _____	
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>Terminal Neemia.</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extensive Deubitus Ulcers, 6 mo.</u> <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertensive Heart Disease.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>11 mo. - 4 year - 3 3/4</u>	
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 <u>Nov</u> , 19 <u>48</u> , to <u>Nov-27</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Nov-26</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. P. [Signature]</u> (Degree or title) <u>D.M.P.</u>		23b. ADDRESS <u>Aurora - Mo</u>	
23c. DATE SIGNED <u>11-28-49</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <u>BURIAL</u>		24b. DATE <u>11-29-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		24d. LOCATION (City, town, or county) (State) <u>AURORA MO.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9-49</u>		REGISTRAR'S SIGNATURE <u>Orsa Mc Natt</u> 157	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Aurora</u>	

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

RECEIVED DEC 12 1949  
District Health Office No. 6,  
District File Number 1249-1368  
Date Filed 12-14-49

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 \_\_\_\_\_

*Myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Orvan L. Marshall*

Licensed Embalmer No. 3812

P. O. Address Yonkers 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.