

FILED FEB 20 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3944**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 177

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (in this place) 3 days | | 0117 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital | | d. STREET ADDRESS (If rural, give location) 2607 Ashland Ave. | |

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|--|--------------------------|---------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Edward | b. (Middle) Andrew | c. (Last) Logan | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1950 |
|--|--------------------------|---------------------------|------------------------|--|

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|-----------------------|----------------------------------|--|--|--|--|---|
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Mar. 13, 1881 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months 10 Days 28 | IF UNDER 12 HRS. Hours Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinary & Bacteriologist, Anchor Serum Co. | 10b. KIND OF BUSINESS OR INDUSTRY Anchor Serum Co. | 11. BIRTHPLACE (State or foreign country) St. George, Kansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James Logan | 13b. MOTHER'S MAIDEN NAME Sarah White | 14. NAME OF HUSBAND OR WIFE Prudie L. Logan |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Miss Gale Logan | ADDRESS St. Joseph, Mo. |
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| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 4 days 2 yrs. 443X |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured (dissecting Aortic aneurysm) | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart disease DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 7 Feb, 1950, to 11 Feb, 1950, that I last saw the deceased alive on 11 Feb, 1950, and that death occurred at 2:25A m., from the causes and on the date stated above.

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| 23a. SIGNATURE Wm W Stang | (Degree or title) M.D. | 23b. ADDRESS 405 Tootle Bldg St. Joseph Mo | 23c. DATE SIGNED 11 Feb |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2/13/1950 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) St. Joseph Mo. |
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| DATE REC'D BY LOCAL REG Feb. 16, 1950 | REGISTRAR'S SIGNATURE E. B. Jenkins | 25. FUNERAL DIRECTOR'S SIGNATURE Heater Bowman | ADDRESS Puneral St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 6 1950

M. Vernon W. D. Craig

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 *Eugene Wood* _____

Licensed Embalmer No. *3804* _____

P. O. Address *319 So 10th St. Jax* _____

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.