S. No. 300
v. 10.48

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9939

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 6002 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: Ralls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD Perry, Mo. Saltriver Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RFD Perry, Mo. Saltriver Twp.
d. STREET ADDRESS (If rural, give location): 0870 0

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Marion
c. (Last): Logerman

4. DATE OF DEATH (Month) March (Day) 21, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 27, 1871
9. AGE (In years last birthday): 78 — If under 1 year: Months 5, Days 22 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Pike County, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fredick Henry Logerman
13b. MOTHER'S MAIDEN NAME: Ama Elizabeth
14. NAME OF HUSBAND OR WIFE: Mary Logerman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Marion Logerman — ADDRESS: Perry, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1950, *to* Mar 20, 1950, *that I last saw the deceased alive on* Mar. 20, 1950, *and that death occurred at* 7:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. T. Swan (Degree or title): D.O.
23b. ADDRESS: Perry, Mo.
23c. DATE SIGNED: 3/22/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/50
24c. NAME OF CEMETERY OR CREMATORY: Oakland Cemetery
24d. LOCATION (City, town, or county) (State): Perry, Missouri

DATE REC'D BY LOCAL REG.: 3/23/49
REGISTRAR'S SIGNATURE: Clyde Wright 267
25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wright — ADDRESS: Perry, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 10 1950
District Health Officer No.
District File Number 4-50-62
Date Filed APR 10 1950

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 _____, working under my personal supervision.

Student Embalmer No. _____

Signed Clyde Wiley

Licensed Embalmer No. 3826

P. O. Address Perry Iowa

Signed _____
Student Embalmer

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.