

FILED JAN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1834

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 26

0644

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

1. PLACE OF DEATH a. COUNTY <b>Marion County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY OR TOWN <b>Hannibal, Mo.</b>		c. CITY OR TOWN <b>Shelbina, Mo.</b> 1020	
c. LENGTH OF STAY (in this place) <b>5 Days</b>		d. STREET ADDRESS (If rural, give location) <b>X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Elizabeth Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Vernie</b> b. (Middle) <b>Stewart</b> c. (Last) <b>Logan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-16-1951</b>		
---	--	--	---	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-21-1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>25</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	-----------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (State or foreign country) <b>Shelby Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
---	---	---	---

13a. FATHER'S NAME <b>Allen S. Logan</b>	13b. MOTHER'S MAIDEN NAME <b>Ina Vanskike</b>	14. NAME OF HUSBAND OR WIFE <b>Mae Logan</b>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>X</b> <b>490-01-8291</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mae Logan, Shelbina, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> <b>1 1/2 wks</b> <b>4201</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Heart Disease</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 <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) (Min.)	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 **1-11**, 19**51**, to **1-16**, 19**51**, that I last saw the deceased alive on **1-16**, 19**51**, and that death occurred at **12:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm Cancellari</b> (Degree or title)	23b. ADDRESS <b>1001 Parkway</b>	23c. DATE SIGNED <b>1/20/51</b>
---	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-18-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Shelbina, Cemty., Shelbina, Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Shelbina, Mo.</b>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <b>1-24-51</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke</b>	By <b>wc Fidler</b> Deputy	25. FUNERAL DIRECTOR'S SIGNATURE <b>Barkelaw-Hawkins, Shelbina, Mo.</b>
---	---	----------------------------	---

RECEIVED

JAN 23 1951

HEALTH DEPT.

DATE FILED

JAN 23 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 *W. H. Harris*.....

Licensed Embalmer No. *3498*.....

P. O. Address *Shelburne Vt*.....

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.