

FILED MAY 4 1951

STANDARD CERTIFICATE OF DEATH

5846 State File No. 13410
4570 Registrar's No. 102

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4570

1. PLACE OF DEATH
a. COUNTY Nodaway
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont - rural
c. LENGTH OF STAY (In this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Ola Hornbuckle home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Nodaway
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clearmont - rural
d. STREET ADDRESS (If rural, give location) 4 miles southeast

3. NAME OF DECEASED
a. (First) ADA b. (Middle) S. c. (Last) LOGAN
4. DATE OF DEATH (Month) (Day) (Year) 4 25 51

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 2/13/58 9. AGE (In years last birthday) 93

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Lathrop, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathaniel Shrewsbury 13b. MOTHER'S MAIDEN NAME Phebe Jane Nicholson 14. NAME OF HUSBAND OR WIFE Richard M. Logan, dec.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ola Hornbuckle, Clearmont, Mo. ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility
INTERVAL BETWEEN ONSET AND DEATH 10 yrs
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 794X
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) _____ 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 Apr 10, 1951, to Apr. 25, 1951, that I last saw the deceased alive on Apr 20, 1951, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE C. N. Kerk M. D. (Degree or title) 23b. ADDRESS Hopkins, Missouri 23c. DATE SIGNED 4/26/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 4/27/51 24c. NAME OF CEMETERY OR CREMATORY I. O. O. F. 24d. LOCATION (City, town, or county) (State) Quitman, Missouri

DATE REC'D BY LOCAL REG. 4-28-51 REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

740
1



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 Robert L. Senter

Licensed Embalmer No. 4782

P. O. Address Maryville, 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.