

FILED JUL 3- 1951

STANDARD CERTIFICATE OF DEATH

State File No. **20951**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **221**

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| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) Sedalia | | c. CITY (If outside corporate limits, write RURAL and give township) Kansas City | |
| c. LENGTH OF STAY (In this place) 12 hrs. | | d. STREET ADDRESS (If rural, give location) 8024 Meadow Lane | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hotel | | | |

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|-------------------------------------|--------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) GEORGE | b. (Middle) E. | c. (Last) LOGAN | 4. DATE OF DEATH (Month) (Day) (Year) June 29, 1951 |
|-------------------------------------|--------------------------|-----------------------|------------------------|--|

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|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH June 30, 1907 | 9. AGE (In years last birthday) 43 | 10. IF UNDER 1 YEAR 11 Months 29 Days | 11. IF UNDER 24 HRS. 0 Hours 0 Min. |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales manager | 10b. KIND OF BUSINESS OR INDUSTRY Pharmaceutical Co. | 11. BIRTHPLACE (State or foreign country) Monett, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Finis Logan | 13b. MOTHER'S MAIDEN NAME Nina D. Arnold | 14. NAME OF HUSBAND OR WIFE Evelyn Malone Logan |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. ***** | 17. INFORMANT'S SIGNATURE OR NAME Evelyn Logan | ADDRESS 8024 Meadow Lane Kansas City, Kansas |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism | | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4201 | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | 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 ^{viewed} examined the deceased **as coroner**, 10, that I last saw the deceased alive on **19**, and that death occurred at **12:45A m.**, from the causes and on the date stated above.

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|---|---------------------------------------|---------------------------------|
| 23a. SIGNATURE Chas Jordan Saupbach M.D. | 23b. ADDRESS Sedalia, Missouri | 23c. DATE SIGNED 6-29-51 |
|---|---------------------------------------|---------------------------------|

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|--|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE June 29, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Kansas City, Mo. | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
|--|--------------------------------|--|--|

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| DATE REC'D BY LOCAL REG. June 30, 1951 | REGISTRAR'S SIGNATURE A. Campbell | 25. FUNERAL DIRECTOR'S SIGNATURE W. H. ... | ADDRESS Sedalia, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

804
0

RECEIVED 7-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-2-51

1951 6 27

SEP 10 1952

JUL 12 1952

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 *Phane Ewing*

Signed _____
Student Embalmer

Licensed Embalmer No. *3847*

P. O. Address *Sedalia, 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.