

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

30123

State File No.

FILED SEP 21 1951

BIRTH NO. _____		REG. DIST. NO. <u>144</u>	PRIMARY REG. DIST. NO. <u>4234</u>	Registrar's No. <u>38</u>
1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arcadia</u> <u>0470</u>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>		c. LENGTH OF STAY (in this place) <u>21 da.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		3. NAME OF DECEASED (Type or Print) a. (First) <u>FANNIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>LOGAN</u>		
4. DATE OF DEATH <u>Sept. 7 1951</u>		5. SEX <u>fem</u> / 6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 1 1863</u>		9. AGE (in years last birthday) <u>88</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Bellevue Missouri</u> <u>0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel Alexander Reyburn</u>		
13b. MOTHER'S MAIDEN NAME <u>Margaret Jane Robinson</u>		14. NAME OF HUSBAND OR WIFE <u>Eugene M. Logan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Jenna Logan, Arcadia Mo.</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Labor Hypostatus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture of humerus - left & ribs</u> DUE TO (c) <u>5-6-7-8-9-10 & 11 - left</u> II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>20 days</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u> <u>049</u> <u>816</u> <u>26</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arcadia Iron Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 17-51 4pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident</u>
22. I hereby certify that I attended the deceased from <u>8-17</u> , 19 <u>51</u> , to <u>9-7</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9-7</u> , 19 <u>51</u> , and that death occurred at <u>2:00Pm.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Jenna Logan</u> <u>MD</u>		23b. ADDRESS <u>Ironton Mo.</u>		23c. DATE SIGNED <u>9-13-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9-9-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>		DATE REC'D BY LOCAL REG. <u>Sept. 19, 1951</u>		
REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u> <u>128</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 20 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

SEP 29 1951

SEP 28 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 *Paul G. White*

Licensed Embalmer No. *3017*

P. O. Address *Smiths Run*

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.