

## STANDARD CERTIFICATE OF DEATH

30849

State File No. ....

FILED SEP 24 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5267 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>Marion</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WARREN TOWNSHIP</b>		c. LENGTH OF STAY (in this place) <b>45 yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HUNNEWELL RED #</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL WARREN TOWNSHIP</b>	
		d. STREET ADDRESS (If rural, give location) <b>Hunnewell Missouri RR #</b>	
3. NAME OF DECEASED a. (First) <b>WILLEY</b> b. (Middle) <b>BUCHANAN</b> c. (Last) <b>LOGAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPTEMBER 15 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>FEBRUARY 13 1869</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) <b>82</b> IF UNDER 1 YEAR Months <b>7</b> Days <b>7</b> Hours <b>0</b> Mins. <b>0</b>
11. BIRTHPLACE (State or foreign country) <b>WASHINGTON Co Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Newman Logan</b>		13b. MOTHER'S MAIDEN NAME <b>None known</b>	14. NAME OF HUSBAND OR WIFE <b>Mary 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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Logan Shellina 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia lobar. RT.</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Paraplegia - Lower Extremities 9 years.</b> DUE TO (c) <b>Arthritis, Chronic Polyarticular 10 yrs</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4908</b>	
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) (Minute)		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 <b>Oct 1950</b> to <b>15 Sept 1951</b> , that I last saw the deceased alive on <b>8 Sept 1951</b> , and that death occurred at <b>9:00 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>George Henson M.D.</b>		23b. ADDRESS <b>Monroe City, 1770</b>	
23c. DATE SIGNED <b>17 Sept 51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-17-1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>ANDREW CHAPEL CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>Marion County Missouri</b>	
DATE REC'D BY LOCAL REG. <b>9/18/51</b>		REGISTRAR'S SIGNATURE <b>By Viola Gess, Dep.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON</b>		ADDRESS <b>Monroe City Mo.</b>	

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

0640

189-0

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 19 1951  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 21 1951

101247104

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 me

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Leslie T. Wilson .....

Licensed Embalmer No. 3014 .....

P. O. Address Marion City, 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.