

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33691**

FILED NOV 3 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4469

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 407 N. Topping	
3. NAME OF DECEASED a. (First) Edward b. (Middle) M. c. (Last) Loggins		4. DATE OF DEATH (Month) (Day) (Year) 10 19 51	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/25/1873
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	11. BIRTHPLACE (State or foreign country) Unk.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Wm. A. Loggins		13b. MOTHER'S MAIDEN NAME Rhoda Cubine	14. NAME OF HUSBAND OR WIFE Minnie Mae Wyram
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 196-09-3916	17. INFORMANT'S SIGNATURE OR NAME Minnie Loggins ADDRESS 407 No. Topping
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) Chronic pyelonephritis ANTECEDENT CAUSES DUE TO (b) Uremia 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 checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Sept. 9, 1951</u> to <u>Oct. 19, 1951</u> , that I last saw the deceased alive on <u>Oct. 19, 1951</u> , and that death occurred at <u>3:35A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry	
23c. DATE SIGNED 10-19-51		24. LOCATION (City, town, or county) (State) Odessa Mo.	
24a. BIRTHPLACE (REMOVAL SPEEDY)		24b. DATE 10/22/51	
24c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG 10-20-51		REGISTRAR'S SIGNATURE M. L. Holmes	
FURNERAL DIRECTOR'S SIGNATURE J. P. Sheil		ADDRESS K.C. Mo.	

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 *Richard C. Carroll*.....

Licensed Embalmer No. *4829*.....

P. O. Address *D. C. 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.