

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37076

State File No.

BIRTH NO.		REG. DIST. NO. <u>139</u>		PRIMARY REG. DIST. NO. <u>4218</u>		Registrar's No. <u>550</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u> <u>0420</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u>		c. LENGTH OF STAY (In this place) <u>8 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> <u>0420</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>205 W. Colt</u>				d. STREET ADDRESS (If rural, give location) <u>205 W. Colt</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>BERTHA</u>		b. (Middle) <u>S</u>		c. (Last) <u>LOGAN</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>8</u>		(Year) <u>1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 20, 1870</u>		9. AGE (In years last birthday) <u>81</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 MRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Vogel</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Arnold</u>		14. NAME OF HUSBAND OR WIFE <u>Richard Logan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Logan, Hickman Mills, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease with infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>High blood pressure</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>R# 4</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (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 6, 1951</u> to <u>Nov 8, 1951</u> , that I last saw the deceased alive on <u>Nov 6, 1951</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>F. J. Harrison, M.D.</u>		(Degree or title)		23b. ADDRESS <u>Windsor, Mo</u>		23c. DATE SIGNED <u>11-10-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Taberville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Taberville, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov 11 51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Quiner</u>		ADDRESS <u>Windsor, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 19 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 11 9 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

William M. Turner

Licensed Embalmer No.

4648

P. O. Address

Windsor, 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.