

No. 300
10.48 FILED AUG 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27217**
Registrar's No. **874**

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|---|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 42 | | PRIMARY REG. DIST. NO. 1000 | | Registrar's No. 874 | |
| 1. PLACE OF DEATH a. COUNTY Buchanan 0117 | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0117 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | c. LENGTH OF STAY (in this place) 30 years | | c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph | | d. STREET ADDRESS (If rural, give location) 1817 S. 11th St. | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1817 S. 11th St. | | | | d. STREET ADDRESS (If rural, give location) 1817 S. 11th St. | | | |
| 3. NAME OF DECEASED (Type or Print) Lula | | a. (First) | | b. (Middle) May Mathers | | c. (Last) Logan | |
| 4. DATE OF DEATH August 15, 1952 | | 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | |
| 8. DATE OF BIRTH May 17, 1886 | | 9. AGE (In years last birthday) 66 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 11. BIRTHPLACE (State or foreign country) Nodaway County, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Oliver Mathers | | 13b. MOTHER'S MAIDEN NAME Viola Wise | | 14. NAME OF HUSBAND OR WIFE Martin A. Logan | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. unk. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martin A. Logan, 1817 S. 11th, St. Joseph, Mo. | | | |
| 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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heart Disease, Type undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH 3 min. ? | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 8-15, 1952 only , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <i>[Signature]</i> (Degree or title) M. D. () | | | | 23b. ADDRESS 301 N. 8th, St. Joseph, Mo. | | 23c. DATE SIGNED 8/15/52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 8/18/1952 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri | |
| DATE REC'D BY LOCAL REG. Aug 24, 1952 | | REGISTRAR'S SIGNATURE Carl C. Casper | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bowman Funeral Home St. Joseph, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

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 Spading

Licensed Embalmer No. 4535

P. O. Address 3125 W. Jackson

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.

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