No. 300
10.48

REC SEP 15 1952

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

State File No. 28654

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. H 286 Registrar's No. 85

560
1

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

**1. PLACE OF DEATH**
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange, Mo.,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- No st. Address

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LaGrange 0560
d. STREET ADDRESS (If rural, give location): 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Samuel
b. (Middle): Orion
c. (Last): Logan

**4. DATE OF DEATH** (Month) (Day) (Year): Sept. 1, 1952

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Sept. 24, 1882
**9. AGE** (In years last birthday): 64 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer -Laborer
**10b. KIND OF BUSINESS OR INDUSTRY**: Foundry
**11. BIRTHPLACE** (City and State or Foreign Country): Mt. Sterling, Illinois 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Douglas Logan
**13b. MOTHER'S MAIDEN NAME**: Melinda Marvin
**14. NAME OF HUSBAND OR WIFE**: Bessie 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.**: 327 05 1617
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Mrs. Geo. Green LaGrange, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 4221
**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug 23, 1952, *to* Sept 1, 1952, *that I last saw the deceased alive on* Sept 1, 1952, *and that death occurred at* 7:20 P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Naudis Y Davis MD
**23b. ADDRESS**: Canton Mo
**23c. DATE SIGNED**: Sept 2 52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial 0
**24b. DATE**: Sept. 4, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Forrest Grove
**24d. LOCATION** (City, town, or county) (State): Canton, Missouri

**DATE REC'D BY LOCAL REG.**: 9/12/52
**REGISTRAR'S SIGNATURE**: P. W. Jennings 161-0
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: J. Kenneth Bailey LaGrange Mo

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Kennett Bailey

Licensed Embalmer No. 4248

P. O. Address La Grange, Ky.

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.