No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29176

FILED SEP 9 - 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 277

1. PLACE OF DEATH
a. COUNTY St. Francois 0940 2
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Farmingtgn St. Francois
c. LENGTH OF STAY (In this place) 15, 0Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL Bismarck 094, 0
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) HARRISON
b. (Middle) CURTIS
c. (Last) LOGSDEN

4. DATE OF DEATH (Month) (Day) (Year) September 4, 1952

5. SEX Male 0

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 21, 1880

9. AGE (In years last birthday) 72 — If under 1 year: Months 6, Days 13 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME E. J. Logsden

13b. MOTHER'S MAIDEN NAME Louise Prudence Sturgeon

14. NAME OF HUSBAND OR WIFE Ava Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unk. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo. **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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis - - - - - - - - - - 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease - - Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Dementia praecox psychosis plus arteriosclerosis - - - - - - - - - Sev. yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4200

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* April 8, 1946, *to* Sept. 4, 1952, *that I last saw the deceased alive on* Sept. 4, 1952, *and that death occurred at* 7:40A. m., *from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan MD (Degree or title)

23b. ADDRESS State Hospital No. 4 Farmington, Missouri

23c. DATE SIGNED 9-5-1952

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-8-1952

24c. NAME OF CEMETERY OR CREMATORY Iron Mountain Cemetery

24d. LOCATION (City, town, or county) (State) Iron County, Missouri

DATE REC'D BY LOCAL REG. Sept. 5, 1952

REGISTRAR'S SIGNATURE Esther Rudolph

25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton, Mo. **ADDRESS**

(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 Lyle H. White

Licensed Embalmer No. 4295

P. O. Address Trenton, 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.