No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED OCT 6 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31331

State File No.

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 889

1. PLACE OF DEATH
a. COUNTY: Greene County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
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): 519 E Cherry Harrison Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marionville 0550
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): J.
c. (Last): Logan

4. DATE OF DEATH (Month) (Day) (Year): Sept. 30, 1952

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 9, 1857
9. AGE (In years last birthday): 95 — If under 1 year: Months 8, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bucyrus, Ohio /
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: James B. Milliken
13b. MOTHER'S MAIDEN NAME: Mary Forbes
14. NAME OF HUSBAND OR WIFE: George Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Anna Logan Stafford — **ADDRESS**: Springfield 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) Senility — INTERVAL BETWEEN ONSET AND DEATH

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. Fracture hip 1951

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 794X F
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)
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* Dec, 1951, *to* Sept 30, 1952, *that I last saw the deceased alive on* Sept 15, 1952, *and that death occurred at* 10:p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Newton Wolfenman MD
23b. ADDRESS: Springfield Mo
23c. DATE SIGNED: 10-1-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 3, 1952
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery
24d. LOCATION (City, town, or county) (State): Marionville, Mo.

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: Earl Williamson Deputy Registrar
25. FUNERAL DIRECTOR'S SIGNATURE: F B Burridge — **ADDRESS**: Marionville 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 Herman Turridge

Licensed Embalmer No. 3022

P. O. Address Marionville 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.