

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37744

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>1223</u>	
1. PLACE OF DEATH a. COUNTY <u>Beechman</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Beechman</u>			
b. CITY OR TOWN <u>St Joseph</u>		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>St Joseph</u> <u>0111</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1305 Mitchell Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAE</u> - b. (Middle) - c. (Last) <u>LOGAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 23 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 16 1886</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Platte County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John W. Harrington</u>			13b. MOTHER'S MAIDEN NAME <u>Lucretilla Shoop</u>		14. NAME OF HUSBAND OR WIFE <u>Benj-A-Logan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Benj-A-Logan</u> ADDRESS <u>St Joseph Mo</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Accident</u>		DUPLICATE OF (b) <u>Arteriosclerosis Gen.</u>					<u>11-21-52</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Old hypertension.</u>					
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 <u>331X</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) (Min)		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>11-22</u> , 19 <u>52</u> , to <u>11-23</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-23</u> , 19 <u>52</u> , and that death occurred at <u>4:30 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>St. W. Kieber, M.D.</u>				23b. ADDRESS <u>185 S Bldg - St Joseph, Mo</u>		23c. DATE SIGNED <u>11-24-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 26-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cambria Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Cambria Park Mo - Mo</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 25, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stoney, Funeral Home</u> ADDRESS <u>St Joseph Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 9 1952

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John Roy Clancy

Licensed Embalmer No. *2435*

Signed.....
Student Embalmer

P. O. Address. *St. Joseph*

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.