

THE UNITED STATES OF AMERICA
 STANDARD CERTIFICATE OF DEATH

State File No. **38789**
5174
 Registrar's No.

FILED DEC 6 1952

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY La Fayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Odessa	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 2309 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) E. c. (Last) Loggins			4. DATE OF DEATH (Month) (Day) (Year) 11 25 52		
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan. 1, 19-75	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unoccupied		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William A. Loggins	13b. MOTHER'S MAIDEN NAME Rhoda Rebecca Cubins	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ora Reese Odessa 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		INTERVAL BETWEEN ONSET AND DEATH 4343
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	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 Nov. 25, 1952, to Nov. 25, 1952, that I last saw the deceased alive on Nov. 25, 1952, and that death occurred at 11:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 11-26-52
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE Nov. 29, 1952	24c. NAME OF CEMETERY OR CREMATORY Greenton Cemetery	24d. LOCATION (City, town, or county) (State) Odessa Mo.
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DATE REC'D BY LOCAL REG. 11-26-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husman & Spinks Odessa Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

A. E. ...

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 *William T. Sparks*

Signed.....
Student Embalmer

Licensed Embalmer No. *4431*

P. O. Address *Odessa, 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.