FILED MAY 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 545 2

State File No. 17762

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 42 Registrar's No. 483

1. PLACE OF DEATH
a. COUNTY: Greene 0390
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Boone
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): Ash Grove R2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene 0390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boone
d. STREET ADDRESS (If rural, give location): Ash Grove R2

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

4. DATE OF DEATH (Month) (Day) (Year): May 20 - 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 15 1870
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months: 2 Days: 5
IF UNDER 24 HRS.: Hours: Min.:

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

13a. FATHER'S NAME: Benjamin Logan
13b. MOTHER'S MAIDEN NAME: Ruth Boyd
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Alva Gray
ADDRESS: Ash Grove R2

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) Acute Heart Block — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Valvular Heart Disease — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Subacute Nephritis — 2 or 3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4210
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* May 9, 1953 *to* May 20 1953 *that I last saw the deceased alive on* May 20, 1953, *and that death occurred at* 7:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr Charles H Orr (Degree or Title): M.D.
23b. ADDRESS: Ash Grove Mo
23c. DATE SIGNED: 5-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22-1953
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Republic Mo.

DATE REC'D BY LOCAL REG.: 5/21/53
REGISTRAR'S SIGNATURE: Edith Williams
25. FUNERAL DIRECTOR'S SIGNATURE: L O Buck
ADDRESS: Ash Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Richard E. Watts

Licensed Embalmer No. 4692

P. O. Address Ash Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.