

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28331**
Registrar's No. **837**

FILED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Campbell Twsp. 0390	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) Springfield R.F.D. # 11 /	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Handley Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) A. c. (Last) LOGAN			4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 4 Aug. 1864		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired printer				10b. KIND OF BUSINESS OR INDUSTRY Job printing		11. BIRTHPLACE (State or foreign country) Burlington, Kansas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Ethel May Logan		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Ethel M. Logan, Rt. 11, Springfield, Mo.				ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema						2 yr 6 hr	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUED TO (b) Congestive Heart Failure						1 yr	
		DUED TO (c) Cerebral Vascular Accident						2 yr.	
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 4341						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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 **1953**, to **Sept 1, 1953** that I last saw the deceased alive on **Sept 1, 1953** and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl C. Williams, M.D.		23b. ADDRESS 1951 S. National		23c. DATE SIGNED 9-3-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4 Sept. 1953		24c. NAME OF CEMETERY OR CREMATORY East Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Springfield, Missouri	
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DATE REC'D BY LOCAL REG. 9-4-53		REGISTRAR'S SIGNATURE Earl C. Williams		FUNERAL DIRECTOR'S SIGNATURE Earl C. Williams		ADDRESS Springfield, Miss.	
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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 Ralph H. Hume.....

Licensed Embalmer No. 3581.....

P. O. Address Springfield, Missouri.....

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.