

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15665**

FILED JUN 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4225** Registrar's No. **26**

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Holt</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Holt</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oregon</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Oregon</b>  |  |
| c. LENGTH OF STAY (in this place) <b>6 yrs.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>None</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>George</b> b. (Middle) <b>Fay</b> c. (Last) <b>Logan</b> |  |   | 4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 1954</b> |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>                     |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>     |  |
| 8. DATE OF BIRTH <b>Aug 6 1877</b>  |  | 9. AGE (In years last birthday) <b>76</b>         |  | 10. IF UNDER 1 YEAR: Months _____ Days _____                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>dispatcher</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>railroad</b> |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Adrian Illinois</b> |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |   |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>William Logan</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Addie Baxter</b> |  | 14. NAME OF HUSBAND OR WIFE <b>Daisy Alkire Logan</b> |  |
|---|--|---|--|---|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> |  | 16. SOCIAL SECURITY NO. <b>MA-127327</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Daisy Alkire Logan Oregon Mo.</b> |  |
|--|--|--|--|---|--|

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident</b>  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> |  |
|   |  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerosis Hypertension</b> |  |  |  | <b>Autism</b>                                  |  |
|   |  | DUE TO (c) _____   |  |  |  |  |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                      |  |  |  |  |  |

|                        |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION <b>331X</b> |  |  | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|  |  |                                |  |                                 |  |
|--|--|--------------------------------|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Dean A. Swamy Co. Health Officer</b> |  | 23b. ADDRESS <b>Oregon Mo.</b> |  | 23c. DATE SIGNED <b>5-27-54</b> |  |
|--|--|--------------------------------|--|---------------------------------|--|

|   |  |                              |  |  |  |  |  |
|---|--|------------------------------|--|--|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b> |  | 24b. DATE <b>May 27 1954</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oregon</b> |  | 24d. LOCATION (City, town, or county) (State) <b>Oregon Missouri</b> |  |
|---|--|------------------------------|--|--|--|--|--|

|   |  |   |  |
|---|--|---|--|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>5-28-1954</b> <b>James H. Crawford</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>James N. Pettigrew Oregon Mo.</b> |  |
|---|--|---|--|

JUN 8 1954

**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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.