

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1954

State File No. 30096

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5289</u>		Registrar's No. <u>741</u>	
1. PLACE OF DEATH a. COUNTY <u>CLAY COUNTY MO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>CLAY</u>			
b. CITY OR TOWN <u>KEARNEY, RURAL</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY OR TOWN <u>KEARNEY, Rural KEARNEY TOWNS. 6000</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME on FARM</u>				d. STREET ADDRESS (If rural, give location) <u>4 Miles EAST of KEARNEY, MO.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u>		b. (Middle) <u>TODD</u>		c. (Last) <u>LOGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 23, 1954</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 23, 1921</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER & STOCKMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>33</u>		11. BIRTHPLACE (State or foreign country) <u>LIBERTY, MISSOURI</u>	
13a. FATHER'S NAME <u>MATT D. LOGAN</u>		13b. MOTHER'S MAIDEN NAME <u>ZATTU TODD</u>		14. NAME OF HUSBAND OR WIFE <u>JOAN PORTER LOGAN</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</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 ADDRESS <u>MRS. ROBT. T. LOGAN, KEARNEY, MO.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun wound through Mouth</u> ANTECEDENT CAUSES DUE TO (b) <u>severed Cervical Cord & Spine.</u> DUE TO (c) <u>Deeble 44 16 ga Hammer Gun.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>E976X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>GARAGE AT HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KEARNEY TOWNSHIP CLAY MO.</u>			
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 _____, 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) <u>O. L. Pate M.D. (Coroner)</u>				23b. ADDRESS <u>2 North Kansas City, Mo.</u>		23c. DATE SIGNED <u>9/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-26-'54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>SMITHVILLE, MO.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-54</u>		REGISTRAR'S SIGNATURE <u>Marguerite Hudson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCOMAS FUNERAL HOME, SMITHVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1956

1956

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 Donald W. Hanks

Signed.....
Student Embalmer

Licensed Embalmer No. 44528

P. O. Address Smithville, Mo.

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

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