

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF THE STATE OF OHIO
STANDARD CERTIFICATE OF DEATH

State File No. **35642**
Registrar's No. **9633**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <u>Enroute</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbus, Ohio</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aboard Penn. dining car</u>		d. STREET ADDRESS (If rural, give location) <u>251 Clairdon Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Logan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10/23/54</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Dec. 18th 1900</u>		9. AGE (In years last birthday) <u>53</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Penn. R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Indianapolis, Ind.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>William H. Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Thelma Mae Logan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unk.</u>		16. SOCIAL SECURITY NO. <u>717-01-2001</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Mae Logan</u> ADDRESS <u>251 Clairdon Columbus, Ohio</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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>					
		DUE TO (c) _____					
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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <u>4201</u>			

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 900A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick C. Taylor, Coroner</u>		23b. ADDRESS <u>13th & Clark Ave's</u>		23c. DATE SIGNED <u>10/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/24/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cook & Sons Crematory Columbus Ohio</u>	
24d. LOCATION (City, town, or county) (State) _____					

DATE REC'D BY LOCAL REG. <u>OCT 25 1954</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u> ADDRESS <u>4107 Finney Av</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

White

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 _____

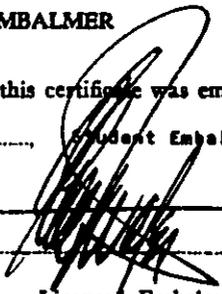
Charles J. Gates

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.