

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **173**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **5121** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) Perche Township		c. LENGTH OF STAY (in this place) 3 yrs	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. CITY OR TOWN Harrisburg		STREET ADDRESS (If rural, give location) Harrisburg Route #1 0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harrisburg Route 1			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Dennis c. (Last) Logan			4. DATE OF DEATH (Month) (Day) (Year) Feb. 3, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Sept. 26, 1880
9. AGE (In years) last birthday 74	IF UNDER 1 YEAR Months 74	IF UNDER 4 HRS. Days 74	Hours 74 Min. 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Cedar County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Louis J. Logan		13b. MOTHER'S MAIDEN NAME Eliza Ann Steward	14. NAME OF HUSBAND OR WIFE -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Byron Logan, Columbia, Mo.	ADDRESS -----
---	--------------------------------------	---	----------------------

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		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease		
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____			
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 4200	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)	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 **12-8-53** to **2-3-55**, that I last saw the deceased alive on **10-8-54**, 19**54**, and that death occurred at **11-30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. P. Ladewig, M.D.	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 2-4-55
---	---------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/6/1955	24c. NAME OF CEMETERY OR CREMATORY Pankey Cemetery	24d. LOCATION (City, town, or county) (State) Stocton, Mo.
---	---------------------------	---	---

DATE REC'D BY LOCAL REG Feb. 4 1955	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	31-0	25. GENERAL DIRECTOR'S SIGNATURE Ernest J. ...	ADDRESS Memorial Funeral Home, Columbia, Mo.
--	--	------	---	---

(Licensed Embalmer's Stamp 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.....
Signature of Student Embalmer

Signed *Lyman H. Sprink*

Licensed Embalmer No. *401*

P. O. Address *Columb*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.