

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26800

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 5626		Registrar's No. 135	
1. PLACE OF DEATH a. COUNTY <b>Laclede</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dove, Missouri-ELDRIDGE</b>		c. LENGTH OF STAY (in this place) <b>3 yrs.</b>		c. CITY OR TOWN <b>Waynesville, Mo</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Long's Nursing Home</b>				e. STREET ADDRESS (If rural, give location) <b>None.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alexander</b> b. (Middle) <b>-</b> c. (Last) <b>Logan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8-20-55</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>March 25, 1973</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>State of Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George Logan</b>			13b. MOTHER'S MAIDEN NAME <b>Milberra Hale</b>		14. NAME OF HUSBAND OR WIFE <b>Cora Yeakley</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wife Cora Logan Long's Nursing Home</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION Lebanon, Mo <b>Cancer Rectum</b>			INTERVAL BETWEEN ONSET AND DEATH <b>one year</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				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.				<b>154X</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>No</b>		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) <b>None</b>		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 <b>6/20, 1955</b> to <b>8/20, 1955</b> , that I last saw the deceased alive on <b>8/20, 1955</b> , and that death occurred at <b>9:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>George E. Fisher M.D.</b>				23b. ADDRESS <b>Lebanon, Missouri</b>		23c. DATE SIGNED <b>8/25/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/24/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bradford Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Waynesville, Mo Rural</b>		
DATE REC'D BY LOCAL REG. <b>8-25-1955</b>		REGISTRAR'S SIGNATURE <b>Hella L. Gray</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heiges Funeral Home</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.4830  
4

Received 9-6-55  
Laclede County Health Unit  
File No. 135  
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**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 Ewell P. Craig  
Licensed Embalmer No. 47  
P. O. Address Crocker

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.