No. 300
10-48

FILED AUG 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27288

BIRTH NO. _____ REG. DIST. NO. 29Y PRIMARY REG. DIST. NO. 3056 Registrar's No. 197

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN: Moberly
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 417 North Ault St.

3. NAME OF DECEASED (Type or Print)
a. (First) ALFRED b. (Middle) WILLIAM c. (Last) LOGAN

4. DATE OF DEATH (Month) (Day) (Year): Aug-15-1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May-5-1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor
10b. KIND OF BUSINESS OR INDUSTRY: Wabash R.R.
11. BIRTHPLACE (City and State or Foreign Country): Glenwood Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Alfred Alexander Logan
13b. MOTHER'S MAIDEN NAME: Laura Jane Hombs
14. NAME OF HUSBAND OR WIFE: Jennie Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 703-01-1251
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jennie Logan — ADDRESS: Moberly Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis, producing a Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Disease — ?
DUE TO (c): Arteriosclerosis — ?

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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 13, 1955, *to* August 15, 1955, *that I last saw the deceased alive on* August 15, 1955, *and that death occurred at* 6 45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight W. Anderson M.D.
WIGHT W. ANDERSON, M. D., Physician in Charge.
23b. ADDRESS: Wabash Employes' Hospital Moberly, Missouri
23c. DATE SIGNED: 8/15/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug-17-1955
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State): Moberly Mo.

DATE REC'D BY LOCAL REG.: Aug 17-55
REGISTRAR'S SIGNATURE: [signature] 24-0
25. FUNERAL DIRECTOR'S SIGNATURE: Cater Funeral Home — ADDRESS: Moberly Mo.

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1958

AUG 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....R. M. Cater.....

Licensed Embalmer No..411

P. O. Address Moberly..

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.