

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30237**

FILED OCT 3-1955

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY OR TOWN Montgomery		c. CITY OR TOWN Montgomery	
c. LENGTH OF STAY (in this place) 7 yrs		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home			

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Oscar Logan	c. (Last) Logan	4. DATE OF DEATH (Month) (Day) (Year) 9-25-1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12-27-1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Leather work	11. BIRTHPLACE (State or foreign country) MO - Big Springs	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Logan	13b. MOTHER'S MAIDEN NAME Emma Logan	14. NAME OF HUSBAND OR WIFE none single
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Montgomery City Mo	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS		DUE TO (b) ARTERIO SCLEROSIS		2 hrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) 332X		10 YRS.
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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10-11, 1954, to 9-25, 1955, that I last saw the deceased alive on 9-18, 1955, and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas Van Arsdale	23b. ADDRESS Montgomery City Mo	23c. DATE SIGNED 9-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-27-55	24c. NAME OF CEMETERY OR CREMATORY SPRY CEMETERY	24d. LOCATION (City, town, or county) (State) NEAR BIG SPRING MO
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DATE REC'D BY LOCAL REG. Sept 26-1955	REGISTRAR'S SIGNATURE Laura B Callaway	500	25. FUNERAL DIRECTOR'S SIGNATURE Walter Huns	ADDRESS MONTGOMERY CITY MO
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(Licensed Embalmer's Statement 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, ~~over~~^{XXX} on the

25 th day of Sept 1955

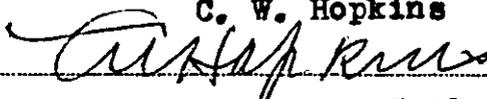
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

C. W. Hopkins



Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

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.