

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>87</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Franklin Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nosea</u>		b. (Middle) <u>a.</u>		c. (Last) <u>Logwood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17, 1955</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 2-1895</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Foreman M.K.T. RR. Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RR. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Wm. J. Logwood</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Kinsley</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen Golden Logwood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>702-10-2579</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elmer Sapp Franklin Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis - Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis - Pulmonary</u>				DUE TO (c) <u>2 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>002X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Minute)		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 <u>July</u> , 19 <u>53</u> , to <u>Oct 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>55</u> and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>M. Leech M.D.</u>				23b. ADDRESS <u>Fayette Mo.</u>		23c. DATE SIGNED <u>10/22/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 19-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>New Franklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10/22/55</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. L. Hall</u> ADDRESS <u>New Franklin Mo.</u>			

MAKING PLAINLY USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

NOV 15 1935

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 .....  
Student Embalmer

Signed *N. L. Hall*

Licensed Embalmer No. *3515*

P. O. Address *New Franklin*

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.