

FILED OCT 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34375**

BIRTH NO.		REG. DIST. NO. 292	PRIMARY REG. DIST. NO. 6002	Registrar's No.
1. PLACE OF DEATH a. COUNTY Ralls,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Saltriver Township)		c. CITY OR TOWN Perry, Mo. R.F.D.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Perry, Mo. RFD. #2.		e. STREET ADDRESS (If rural, give location) Rural Saltriver Township		
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) L.	c. (Last) Logerman.	4. DATE OF DEATH (Month) (Day) (Year) Sept 21, 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 25, 1873	9. AGE (In years last birthday) 81
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Ralls Co., Missouri.	12. COUNTRY OF WHAT CITIZENRY? USA
13a. FATHER'S NAME George Snyder		13b. MOTHER'S MAIDEN NAME Francis Rouse	14. NAME OF HUSBAND OR WIFE Marion Logerman.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) 331X II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		INTERVAL BETWEEN ONSET AND DEATH 3 Days 2 Yrs
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)		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 Sept. 15, 1955 , to Sept. 21, 1955 , that I last saw the deceased alive on Sept 21, 1955 , and that death occurred at 12:30 PM from the causes and on the date stated above.				
23a. SIGNATURE E.T. Swan D.O. (Degree or title)		23b. ADDRESS Perry, Missouri		23c. DATE SIGNED 9-25-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-25-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Ralls Co., Missouri.	
DATE REC'D BY LOCAL REG. 9-25-1955	REGISTRAR'S SIGNATURE Clyde L. Wilkey	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clyde L. Wilkey, Perry, Mo.		

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 *Clyde C. Wilkey*.....

Licensed Embalmer No...3820

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