

FILED JAN 11 1956

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

39919

State File No.

BIRTH NO. REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	c. LENGTH OF STAY (In this place) <u>1 yr</u>	c. CITY OR TOWN <u>Harrisonville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address of location) <u>Suburban</u>		e. STREET ADDRESS (If rural, give location) <u>Suburban</u>	

3. NAME OF DECEASED a. (First) <u>MILLARD</u> b. (Middle) <u>PHILMORE</u> c. (Last) <u>LOGAN</u>	4. DATE OF DEATH (Month) <u>Dec</u> (Day) <u>31</u> (Year) <u>1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Nov 15 1892</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Plastering</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Harrisonville Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13. FATHER'S NAME <u>M H Logan</u>	13b. MOTHER'S NAME <u>Martha Ellen Potts</u>	13c. NAME OF HUSBAND OR WIFE <u>Margaret Logan</u>
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15. WAS DECEASED EVER IN ARMED SERVICES? (Yes, no, or unknown) <u>yes</u> (All wars, including those of service)	16. SOCIAL SECURITY NO. <u>516-09-4913</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Logan</u>	17b. ADDRESS <u>Harrisonville Mo</u>
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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		18b. INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IRON chogenic CARCINOMA R. Lung 1 yr.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>NO</u>		<u>162X</u>	

19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION <u>NO</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>NO</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, rest. 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 Aug. 26 1955, to Dec. 31, 1955, that I last saw the deceased alive on Dec. 31, 1955, and that death occurred at 5:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>O J Pargen MD</u>	23b. ADDRESS <u>Harrisonville Mo</u>	23c. DATE SIGNED <u>Jan. 1956</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 3 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Orient Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo</u>
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DATE REC'D BY LOCAL REGISTRAR <u>Dec 31 1955</u>	REGISTRAR'S SIGNATURE <u>Dorcas Barrow</u>	457-01	25. FUNERAL DIRECTOR'S SIGNATURE <u>Winnburgs</u>	ADDRESS <u>Harrisonville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 12 1954

JAN 12 1954

RECEIVED
JAN 9 1954
HEALTH DEPARTMENT

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 *James R. Phillip's*
Licensed Embalmer No. *46*
P. O. Address *Harrison*

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.