

FILED FEB 28 1956

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **3700**BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5077** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Atchison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison					
b. CITY (If outside corporate limits, write RURAL and give town) Burlington Jet-rural		c. LENGTH OF STAY (in this place) 4 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Burlington Jet, rural-colfax					
d. FULL NAME OF HOSPITAL OR INSTITUTION ***				d. STREET ADDRESS (If rural, give location) 0030					
3. NAME OF DECEASED (Type or Print) a. (First) HORACE			b. (Middle) FRANKLIN		c. (Last) LOGAN		4. DATE OF DEATH (Month) (Day) (Year) February 9, 1956		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH March 4, 1892		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR 11 Months 5 Days IF UNDER 24 HRS. 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY general farming		11. BIRTHPLACE (State or foreign country) Tarkio, Missouri.			12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Horace P. Logan			13b. MOTHER'S MAIDEN NAME Mary Wadsworth			14. NAME OF HUSBAND OR WIFE Helen Logan			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) 190-34-8790		17. INFORMANT'S SIGNATURE OR NAME Ralph Logan ADDRESS Burlington, Jct. 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 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) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 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. HOW DID INJURY OCCUR?			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2/9, 1956 , to 2/9, 1956 , that I last saw the deceased alive on DOA , 19 56 , and that death occurred at 11:20 am from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) C. L. Barnard M.D.				23b. ADDRESS Tarkio, Missouri.			23c. DATE SIGNED 2/11/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/13/56		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery		24d. LOCATION (City, town, or county) (State) Tarkio, Mo.			
DATE REC'D BY LOCAL REG. Feb 24, 1956		REGISTRAR'S SIGNATURE Theroin H. Schaefer 443		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis Funeral Home Tarkio, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

JAN 10 1958

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 _____

John M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.