Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1956

31051
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 418

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2221 Cedar, Indep. — Length of stay in 1b: 50 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independencen 100% — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1820 Evanston (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Harry Middle Wells Last Logan
4. DATE OF DEATH: Month Sept Day 20 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [XX] NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Feb. 25 1882
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: Indnstrial
11. BIRTHPLACE (City and state or country): Missouri 0
12. CITIZEN OF WHAT COUNTRY? U. S
13. FATHER'S NAME: Jackb Logan
14. MOTHER'S MAIDEN NAME: Emma Turner
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): X X X X
16. SOCIAL SECURITY NO.: 495 20 6157
17. INFORMANT: Mrs. Helen Smith 1111 So. Pearl, Indep. Mo — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — undetermined
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) H 200
19. WAS AUTOPSY PERFORMED? YES ☐ NO [X]
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 5-16-56 to 9-20-56 and last saw him alive on 7-30-56
Death occurred at 12:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Robert Hugo, M.D.
22b. ADDRESS 1222 McGee St., K.C., Mo.
22c. DATE SIGNED 9-21-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-22-56
23c. NAME OF CEMETERY OR CREMATORY: Floral Hills
23d. LOCATION (City, town, or county): Kansas City (State): Missouri

24. FUNERAL DIRECTOR ADDRESS: FLORAL HILLS MEMORIAL CHAPEL INC K.C.MO
25. DATE RECD. BY LOCAL REG.: 9-22-56
26. REGISTRAR'S SIGNATURE: James L. Gray

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No 486

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.