

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32211**
Registrar's No. **7985**

FILED SEP 21 1956

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7985	
1. PLACE OF DEATH a. COUNTY STODDARD				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO. b. COUNTY STODDARD			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 30 hrs		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESCOGE				e. STREET ADDRESS (If rural, give location) 2397 203 Sidney St.			
3. NAME OF DECEASED (Type or Print) a. (First) HERBERT			b. (Middle) A.		c. (Last) LOGAN		4. DATE OF DEATH (Month) (Day) (Year) 8/27/56
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Feb. 2, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) Stoddard Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Oliver Logan		13b. MOTHER'S MAIDEN NAME Fannie Wilkerson		14. NAME OF HUSBAND OR WIFE Maudie			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 499-03-5364		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Maudie Logan 203 Sidney St.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TUBERCULOSIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C. U. A. 11 wks prior to death 11 wks 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION .008 x				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 8/24 , 19 56 , to 8/27 , 19 56 , that I last saw the deceased alive on 7/27 , 19 56 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) W. E. Emery, M.D.				23b. ADDRESS Firmin Descoge 3447 S. Grand Ave. St. Louis		23c. DATE SIGNED 8/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 8-28-56		24c. NAME OF CEMETERY OR CREMATORY Flat River, Mo.		24d. LOCATION (City, town, or county); (State)	
DATE REC'D BY LOCAL REG. AUG 29 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Caldwell, Flat River, Mo.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

for nec report 30-10-56

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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 embalmed

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. [Signature]*

Licensed Embalmer No. *4512*

P. O. Address *St. Louis*

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.