

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **33038**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **222**

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mexico Mo</b>		c. LENGTH OF STAY (In this place) <b>6 da</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Audrain County</b>		d. STREET ADDRESS (If rural, give location) <b>none</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Belle</b> c. (Last) <b>Logan</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>II-4-56</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>I-18-1896</b>
9. AGE (In years last birthday) <b>60</b>		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) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>New Florence Mo</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A</b>		13a. FATHER'S NAME <b>George Logan</b>	
13b. MOTHER'S MAIDEN NAME <b>Nancy Carver</b>		14. NAME OF HUSBAND OR WIFE <b>Single</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Seth Hensley</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gangrene of small intestine</b>		<b>5 days</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Valvulus</b>		<b>5 days</b>	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>11-2-56</b>	19b. MAJOR FINDINGS OF OPERATION <b>Same as above</b>		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 <b>10:31</b> , 19 <b>56</b> , to <b>11-4</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>11-4</b> , 19 <b>56</b> , and that death occurred at <b>6:35 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. C. Sivan</b>		23b. ADDRESS <b>607 Maple, Mo</b>	23c. DATE SIGNED <b>11-12-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>II-5-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>NEW FLORENCE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEW FLORENCE MO</b>
DATE REC'D BY LOCAL REG. <b>11-12-56</b>	REGISTRAR'S SIGNATURE <b>Blanche Stealy</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Phillips</b> ADDRESS <b>MONTGOMERY CITY MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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~~ on the  
day of November 1956 Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed C. W. Hopkins  


Licensed Embalmer No. 1487

P. O. Address Montgomery City 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 this body is not embalmed, fact should be so stated above.