No. 300
10.48

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

FILED JAN 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2354

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Humansville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Big Spring Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN: Humansville
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 0840

3. NAME OF DECEASED (Type or Print)
a. (First): Joanna
b. (Middle): -----
c. (Last): Logan

4. DATE OF DEATH (Month) (Day) (Year): Jan; 20, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Apr; 5, 1872
9. AGE (In years last birthday): 84 — 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): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mattean Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Emanuel Hoops
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. George Stump, Humansville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH:

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 794 X
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 9-11, 1956, *to* 1-20, 1957, *that I last saw the deceased alive on* 11-24, 1956, *and that death occurred at* 3 A.M. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dr. E. A. Brown (Degree or title) DO
23b. ADDRESS: Collins Missouri
23c. DATE SIGNED: 1/23/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/57
24c. NAME OF CEMETERY OR CREMATORY: Osceola
24d. LOCATION (City, town, or county) (State): Osceola Mo.

DATE REC'D BY LOCAL REG.: Jan. 26, 1957
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Funeral Home Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola Ne

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