

FILED FEB 18 1957

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 5427

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Linn	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Brookfield	b. COUNTY	Linn
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		c. CITY OR TOWN	Brookfield
524 Macon St.		d. STREET ADDRESS	524 Macon St.
Length of stay in lb		Reside on Farm	
57 yrs		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First Middle Last SAMUEL ANGUS LOGSDON			Month Day Year February 12, 1957	
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	
Male	White <input type="checkbox"/>	WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	Dec. 3, 1876	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)	
Railroad brakeman ret		Railroad	80	
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?		
Brookfield, Missouri		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Edward Logsdon		Bridget Cantillon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address
No				Mrs. Ruth Logsdon, Brookfield, Mo.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u>		11 hrs.
DUE TO (b) <u>Acute cerebral accident (stroke)</u>		23 hrs.
DUE TO (c) <u>Advanced age, generalized debility, and</u>		10 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>severe cardiac pathology</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		331x

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>March 1, 1954</u> to <u>Feb. 12, 1957</u> and last saw <u>her</u> alive on <u>Feb. 12, 57</u>		22a. ADDRESS	
Death occurred at <u>9:10 p. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		Brookfield, Missouri	
22a. SIGNATURE <u>John W. White, D. O.</u>		22c. DATE SIGNED <u>2/14/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23c. NAME OF CEMETERY OR CREMATORY	
Burial		St. Michael	
23b. DATE <u>Feb. 15, 1957</u>		23d. LOCATION (City, town, or county) (State)	
		Brookfield, Mo.	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
Wright Funeral Home, Brookfield, Mo.		2-15-57	
		26. REGISTRAR'S SIGNATURE <u>Katharine Johnson Dep.</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 8 1957

OCT 8 1967

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 *Harold B. Wright*

Licensed Embalmer No. *3*

P. O. Address *Brookfield*

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