

FILED AUG 7 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 5819 Registrar's No. 52

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Morgan</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gravois Mills</u>		c. CITY OR TOWN <u>Warrensburg 0512</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <u>1 day.</u>		<u>West Pine St.</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Harry</u> Middle <u>Franklin</u> Last <u>Logan</u>			Month <u>July</u> Day <u>30</u> Year <u>1957</u>		
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY
<u>Male</u>	<u>white</u>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>October 15-1907-49</u>	<u>42</u>	<u>Drive-in.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY?
<u>Clerk</u>			<u>Warrensburg, Mo.</u>		<u>U.S.A.</u>
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
<u>William Hugh Logan</u>			<u>Effa Shoup</u>		
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		
<u>yes</u>		<u>world war #2</u>	<u>Mrs. Harry Ray, Warrensburg,</u>		
		<u>500-14-1402</u>			

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:		<u>Immediate</u>
IMMEDIATE CAUSE (a) <u>Asphyxiation</u>		
DUE TO (b) <u>Accidental Drowning</u>		<u>immediate</u>
DUE TO (c) <u>9298</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>42</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Drowning only</u>	
20c. TIME OF INJURY <u>8:15</u> p. m. <u>30 Jul 57</u>		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, factory, street, office, etc.) <u>Lake of the Ozarks</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Gravois Mills, Morgan Mo.</u>

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 8:15 P.M. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Spencer Barton</u>	(Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Versailles, Missouri</u>	22c. DATE SIGNED <u>7-31-57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>8-2-1957</u>	<u>Knohnoster Cemetery</u>	<u>Knohnoster, Mo.</u>

24. FUNERAL DIRECTOR ADDRESS <u>R.A. Branninger, Warrensburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-1-57</u>	26. REGISTRAR'S SIGNATURE <u>J.L. Wacker</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

