

pt. Health,  
, & Welfare  
S. Public  
th Service

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39182

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 439

S. 300  
ev. 1-57

1. PLACE OF DEATH a. COUNTY <i>Boone</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Boone</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Columbia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Sanford Rest Home</i>		Length of stay in lb <i>4 months</i>	d. STREET ADDRESS (If outside, give location) <i>301 N. 5th St.</i>		Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>ELIZABETH TURNER LOGAN</i>			4. DATE OF DEATH Month Day Year <i>Nov. 24 - 1957</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb. 14 - 1900</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>57</i> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>maid</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Louis College</i>	11. BIRTHPLACE (City and state or country) <i>Columbia, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Robert Turner</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Baker</i>		14. NAME OF HUSBAND OR WIFE <i>Shenwood Logan</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>4-95-12-2480</i>	17. INFORMANT Address <i>Ella De Moss, Columbia, Mo.</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebrovascular accident (probable hemorrhage)</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>331X</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>few minutes</i>
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 <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 <i>Aug 57</i> to <i>24 Nov 57</i> and last saw her <i>alive</i> on <i>24 Nov 57</i> in on the date stated above; and to the best of my knowledge, from the causes stated. Death occurred at					
22a. SIGNATURE (Degree or title) <i>Leta J. Miller MD</i>			22b. ADDRESS <i>2218th Columbia</i>		22c. DATE SIGNED <i>29 Nov 57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Nov. 29 - 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Calmay</i>		23d. LOCATION (City, town, or county) (State) <i>Columbia, Mo.</i>
24. FUNERAL DIRECTOR <i>Miss Stuart Parker, Columbia, Mo.</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>Nov. 29 1957</i>		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

31-6

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1958

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 *George E. ...* .....

Licensed Embalmer No. 4270  
P. O. Address Marshall, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.