

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41037**

43

BIRTH NO.		REG. DIST. NO. 179		PRIMARY REG. DIST. NO. 5673		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Lincoln				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Louisiana b. COUNTY Webster			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Monroe Twp.		c. LENGTH OF STAY (in this place) ???		c. CITY OR TOWN Minden		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) On Board Barge towed by M/V Barbara Jane				e. STREET ADDRESS (If rural, give location) 8176 8			
3. NAME OF DECEASED (Type or Print) a. (First) Hughie			b. (Middle)			c. (Last) Logan	
4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1957		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 7, 1894		9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 4 Days 14		IF UNDER 24 HRS. Hours 14 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boatman		10b. KIND OF BUSINESS OR INDUSTRY Tugboat		11. BIRTHPLACE (City and State or Foreign Country) / Lake, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Houston Logan		13b. MOTHER'S MAIDEN NAME Lucy Evans		14. NAME OF HUSBAND OR WIFE Lottie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. WW 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lottie Logan Dayline La			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 3 Min.			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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				20. AUTOPSY? 2 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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:45P. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph J. Marsh CORONER				23b. ADDRESS 351 Monroe St, Troy, Missouri		23c. DATE SIGNED 11/21/	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/21/57		24c. NAME OF CEMETERY OR CREMATORY Elm Grove, Allentown, R.I.		24d. LOCATION (City, town, or county) (State) Allentown, R.I.	
DATE REC'D BY LOCAL REG. DEC -9 1957		REGISTRAR'S SIGNATURE Hell-S. Schenker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kleingger Funeral Home Minden, La.			

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

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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 embalmed

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Joseph J. Marsh*

Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.