

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

FILED DEC 18 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44182

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 588

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. STREET ADDRESS 218 PENNSYLVANIA	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First	Middle	Last	Month	Day	Year
MANNY	EMERY	LOGAN	DEC.	5TH	1957

5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APRIL 10, 1893	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISPATCHER	10b. KIND OF BUSINESS OR INDUSTRY N.E. OKLA. RAILROAD	11. BIRTHPLACE (City and state or country) BROOKFIELD, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN LOGAN	13b. MOTHER'S MAIDEN NAME MINNIE COOPER	14. NAME OF HUSBAND OR WIFE MRS. OPAL LOGAN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. UNK	17. INFORMANT MRS. CLAUDIA FREITAS, LAFAYETTE, CALIF.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Serious Burn - 3rd degree - 97% 1st		INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) 9160	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	

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.) Serious burn entire body
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Joplin	COUNTY Jasper Mo	STATE
21. I attended the deceased from Death occurred at 12-5-57 5:35 m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Lewis H. Ferguson MD	(Degree or title)	22b. ADDRESS 327 FR & Bldg. Joplin	22c. DATE SIGNED 12-7-57
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-7-57	23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK,	23d. LOCATION (City, town, or county) MO (State) JOPLIN, MISSOURI
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24. FUNERAL DIRECTOR STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-11-57	26. REGISTRAR'S SIGNATURE Dove Merriman
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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County Health Office
 County File Number 57-12-1037
 Date Filed DEC 16 1957

JOHN LOGAN
 W. E. OKLA. HALL ROAD
 BROOKFIELD, MO.
 APRIL 10, 1957
 (DEPT.)
 E. E. V. YEA
 ST. LOUIS, MO.
 DEPT. OF HEALTH
 MISSOURI

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 *F. M. Jones*

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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.