

Health,
& Welfare
S. Public
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v. 1-56

Doctor, co-signer, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45524

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 416

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ELUINS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ELUINS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) <u>9940</u>	
3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>LOGAN</u> Last <u>JR.</u>		4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1957</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>NOV 30, 1929</u>		9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Leadwood, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Oliver LOGAN</u>				14. MOTHER'S MAIDEN NAME <u>FRANKIE Hogue</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN.</u>		17. INFORMANT Address <u>Mrs. Oliver Logan, Eluins, Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound, right side of head</u> DUE TO (b) <u>Carson Jury Verdict: He came to death at his own hand, suicide</u> DUE TO (c) <u>at his own hand, suicide</u> CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <u>976X</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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>22 caliber gunshot wound in head self inflicted.</u>					
20c. TIME OF INJURY Hour <u>1:30</u> Month <u>12</u> Day <u>19</u> Year <u>1957</u> p. m. <u>p. m.</u>		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.) <u>Residence</u>		20f. CITY, TOWN, OR LOCATION <u>Eluins St. Francis Mo.</u>		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Beryl J. Miller Coroner</u>				22b. ADDRESS <u>Farmington, Mo</u>		22c. DATE SIGNED <u>12/20/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>Dec. 23, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>ST. FRANS. MEM. PARK</u>		23d. LOCATION (City, town, or county) (State) <u>Booneville, Mo</u>	
24. FUNERAL DIRECTOR <u>Raymond Caldwell and Gene Platt</u>				25. DATE RECD. BY LOCAL REG. <u>Dec. 20, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 15 1958

AUG 13 1958

OCT 24 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 *R. Caldwell*.....

Licensed Embalmer No. *253*.....

P. O. Address *Flat River*.....

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.