

Health, Welfare, Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 24 1958

58-006605  
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Maryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Maryville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis</b>		Length of stay in lb <b>2 days</b>		d. STREET ADDRESS (If outside, give location) <b>309 West 8th</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALBERT</b> Middle <b></b> Last <b>LOGAN</b>				4. DATE OF DEATH Month <b>2</b> Day <b>15</b> Year <b>58</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>8/2/80</b>	
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b></b> Days <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Contractor-retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own account</b>		11. BIRTHPLACE (City and state or country) <b>Quitman, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Joseph Warren Logan</b>				14. MOTHER'S MAIDEN NAME <b>Mary Montgomery</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yrs. give war or dates of service)		16. SOCIAL SECURITY NO. <b>500-36-0896</b>		17. INFORMANT Address <b>Mrs. Albert Logan, Maryville, Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>acute Myocardial infarction</b>						INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <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 <b>2/13/58</b> to <b>2/15/58</b> and last saw <sup>him</sup> <del>her</del> alive on <b>2/15/58</b> Death occurred at <b>8:30 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>A. Bertie Dunlap M. D.</b>				22b. ADDRESS <b>Maryville, Missouri</b>		22c. DATE SIGNED <b>2/17/58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>2/18/58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill</b>		23d. LOCATION (City, town, or county) (State) <b>Maryville, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Price Funeral Home, Maryville, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>2-22-58</b>		26. REGISTRAR'S SIGNATURE <b>Bess Holt</b>	

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Curtis C. Hendley*.....

Licensed Embalmer No. *49*.....

P. O. Address *Marquette*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.