

FILED MAR 31 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010307

STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 137

300
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>10604 E. 15th St.</u>		d. STREET ADDRESS (If outside, give location) <u>10604 E. 15th St.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Aytchmonde R. Logan</u>			4. DATE OF DEATH Month Day Year <u>March 20 58</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>March 18, 1880</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Formerly Partner McConnell & Logan Grain Co.</u>	11. BIRTHPLACE (City and state or country) <u>Clay Co., Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Formerly Partner McConnell & Logan Grain Co.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Co.</u>	12. CITIZEN OF WHAT COUNTRY? <u>United States</u>
13a. FATHER'S NAME <u>Larz A. Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>Nannie Dee Winn Logan</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>195-01-1853</u>	17. INFORMANT Address <u>Mrs. Nannie D. W. Logan 10604 E. 15th</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>Adams-Stokes Syndrome</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic cardiovascular disease with auricular fibrillation</u> DUE TO (c) <u>glass</u> 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>immediate</u>
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 <u>1955</u> to <u>3-20-58</u> and last saw ^{her} alive on <u>3-20-58</u> Death occurred at <u>3:50</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Drs. Grabske & Link</u>		22b. ADDRESS <u>10901 Tinner, Indep., Mo.</u>	22c. DATE SIGNED <u>3-21-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>MARCH 24, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill's Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City Missouri</u>
24. FUNERAL DIRECTOR <u>Geo. C. Carson</u>		25. DATE RECD. BY LOCAL REG. <u>Mar. 24-58</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

MAR 26 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 *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Independence, 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.