

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017554  
State File No. ....

FILED JUN 10 1958

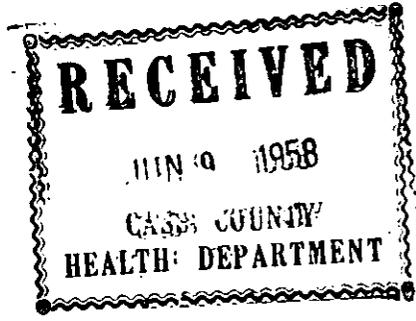
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 5224 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Grand River Twp</u> )		c. LENGTH OF STAY (If this place township) <u>14 yrs</u>	c. CITY OR TOWN <u>Harrisonville</u> <u>0190</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles S of Harrisonville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u>		b. (Middle) <u>DeLos</u>	c. (Last) <u>Logan</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1958</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Dec. 17, 1892</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lebanon, Nabraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Logan</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Waterman</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Elsie Horn</u> ADDRESS <u>Rt 3 Harrisonville, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHR. MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1953</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>CARDIAC COLLAPSE</u>	
		DUE TO (c) <u>HYPERTENSION</u>	
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? <u>2</u> 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) <u>443X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>8:11</u> , 19 <u>53</u> , to <u>5:30</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>58</u> , and that death occurred at <u>6 a.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>David Long</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Harrisonville Mo</u>	
23c. DATE SIGNED <u>5-31-58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>June 1, 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bolton Comotery</u>		24d. LOCATION (City, town, or county) (State) <u>Bolton, Missouri</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 1, 1958</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dora Barward</u> ADDRESS <u>Bolton, Missouri</u>	

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

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JUN 20 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 Robert W. Alderson

Licensed Embalmer No. 4902

P. O. Address

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.