

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038677

FILED OCT 29 1958

Registration District No. 114

Primary Registration District No. 6247

STATE FILE NUMBER

Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <b>WASHINGTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WASHINGTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOHNSON</b>		c. CITY OR TOWN <b>SULLIVAN</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>R.R. 4 Hi-way 114</b>		d. STREET (If outside, give location) ADDRESS <b>R.R. 4. Hi-way 114</b>	

3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>E.</b> Last <b>LOGAN</b>			4. DATE OF DEATH Month <b>Oct</b> Day <b>22</b> Year <b>1958</b>			
5. SEX <b>FEMALE</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>APRIL 2, 1886</b>		9. AGE (In years last birthday) <b>72</b> IF UNDER 1 YEAR: Months <b>6</b> Days <b>20</b> IF UNDER 24 HRS.: Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>WARRENSBURG, ILL.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>LILL</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA</b>		
14. NAME OF HUSBAND OR WIFE <b>ROBERT J. LOGAN</b>						

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>467-01-9168</b>	17. INFORMANT <b>R. J. LOGAN</b>		Address <b>SULLIVAN, MO.</b>	
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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) <b>CEREBRAL THROMBOSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>13 MONTHS</b>
DUE TO (b) <b>ARTERIO SCLEROSIS</b>			
DUE TO (c) <b>332X</b>			
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? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 <b>2:15 PM</b> Month <b>Oct</b> Day <b>22</b> Year <b>1958</b>		

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 <b>Sullivan, Mo.</b>	COUNTY	STATE
21. I attended the deceased from <b>August 1953</b> to <b>Oct 1958</b> and last saw her alive on <b>June 14-1958</b> Death occurred at <b>2:15 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Robert J. Logan, MD</i> (Degree or title)		22b. ADDRESS		22c. DATE SIGNED <b>Dec 23 1958</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>OCT 22 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ELINA CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>DECATUR ILL.</b>
24. FUNERAL DIRECTOR <b>H. W. Eaton</b>		ADDRESS <b>Sullivan, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>OCT 22, 1958</b>
		26. REGISTRAR'S SIGNATURE <i>James G. Hemphrey</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

doctor, coroner, etc. must use any standard nomenclature in item 7b. No symptoms will be listed. All diseases in Part I must be causally related.

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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 ..... HARRISON W. EATON ....., Student Embalmer No. 555..... working under my personal supervision.

Student Harrison W. Eaton  
Signature of Student Embalmer

Signed J. G. Dempsey.....

Licensed Embalmer No. 4772.....

P. O. Address Sullivan, 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.