

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044248

STATE FILE NUMBER
6126

FILED JAN 14 1959

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 6126

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration		d. STREET ADDRESS (If outside, give location) 2460 Indiana	
3. NAME OF DECEASED (Type or print) First Middle Last Samuel Ernest LOGSDON		4. DATE OF DEATH Month Day Year December 25 1958	
5. SEX D Male	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-31-91
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bank Guard		10b. KIND OF BUSINESS OR INDUSTRY Banking	11. BIRTHPLACE (City and state or country) Bethany, Missouri
13a. FATHER'S NAME W. G. Logsdon		13b. MOTHER'S MAIDEN NAME Sarah Long	14. NAME OF HUSBAND OR WIFE Vena Logsdon
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 488 36 4601	17. INFORMANT Address Official V.A. Hospital Records
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrhythmia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Atherosclerotic coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 4221 /
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 WORK <input checked="" 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 12-24-58 , to 12-25-58 and last saw him alive on 12-25-58 Death occurred at 3:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE H. J. Williams, M.D.		22b. ADDRESS Veterans Administration Hospital 4801 Linwood Blvd., K.C. Mo.	
22c. DATE SIGNED 12-25-58			
23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 12-27-58	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem Chapels, Inc		25. DATE RECD. BY LOCAL REG. 12-26-58	26. REGISTRAR'S SIGNATURE veva minshell

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

John R. [Signature]

Licensed Embalmer No. 452

P. O. Address Kansas

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.