

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010191
STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 210 Primary Registration District No. _____ Registrar's No. 20

300
1-57

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN So. Lineville Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN So. Lineville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home		Length of stay in lb 10 Years	d. STREET ADDRESS (If outside, give location) Own Home
3. NAME OF DECEASED (Type or print) First Ben Middle L. Last Logan			4. DATE OF DEATH Month Febr. Day 21, Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 16, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Own Variety Store	11. BIRTHPLACE (City and state or country) Iowa
13a. FATHER'S NAME Luther Logan		13b. MOTHER'S MAIDEN NAME Rena Hawkins	14. NAME OF HUSBAND OR WIFE Hasetline Logan
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 472-36-9193	17. INFORMANT Hoseltina Logan Address Lineville Iowa
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute circulatory failure and cardiac dilatation			INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis and myocardial infarction			days
DUE TO (c) Arteriosclerosis			yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1/201			19. WAS AUTOPSY PERFORMED? 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 _____ 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 July 10, 1958 to Feb. 21, 1959 and last saw him ^{her} live on Feb. 21, 1959 Death occurred at 4:35 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Geo Dawson MD (Degree or title)		22b. ADDRESS Mercer, Missouri	22c. DATE SIGNED 3/11/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Febr 23, 1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	23d. LOCATION (City, town, or county) (State) Lineville Iowa
24. FUNERAL DIRECTOR James Greenlee ADDRESS Lineville Iowa		25. DATE RECD. BY LOCAL REG. 3-11-59	26. REGISTRAR'S SIGNATURE Phyllis Neat

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 *Amu L. Grenier*

Licensed Embalmer No. *3967*

P. O. Address *Limeville, N.C.*

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.