

# VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037011

FILED VS. OCT 26 1959

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 240

STATE FILE NUMBER

UNLEND

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Nodaway</u>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) STATE <u>Mo.</u> COUNTY <u>Nodaway</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in 1b		c. CITY OR TOWN <u>Maryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>508 N. Market</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>508 N. Market</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First <u>ALFRED</u> Middle <u>LOGAN</u> Last <u>LOGAN</u>				<b>4. DATE OF DEATH</b> Month <u>Oct</u> Day <u>14</u> Year <u>1959</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</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>8/2/1880</u>		9. AGE (last birthday) <u>79</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor &amp; builder</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Quitman, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joe W. Logan</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Montgomery</u>			14. NAME OF HUSBAND OR WIFE <u>Nell Weddle Logan</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>498-24-6296</u>		17. INFORMANT <u>Mrs. Alfred Logan, Maryville, Mo.</u>			Address	
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarction</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) <u>generalized arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>7 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <u>Maryville, Mo.</u>		COUNTY <u>Nodaway</u>		STATE <u>Mo.</u>			
21. I attended the deceased from <u>1956</u> to <u>Oct 14, 1959</u> and last saw <sup>her</sup> him alive on <u>Oct 1, 1959</u> . Death occurred at <u>2:35</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W. Edmunds M.D.</u>				22b. ADDRESS <u>Maryville, Mo.</u>			22c. DATE SIGNED <u>Oct 17, 1959</u>		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Oct. 16, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u>		23d. LOCATION (City, town, or county) <u>Maryville, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Price Funeral Home Maryville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-17-59</u>		26. REGISTRAR'S SIGNATURE <u>Bens I. Holt</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Curtis E. Kinsey

Licensed Embalmer No. 4936

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com  
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.