

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS APR 5 1960

60-009811

Registration District No. **15** Primary Registration District No. **3004** Registrar's No. **37** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Length of stay in 1b 4 Yrs	c. CITY OR TOWN Lamar Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 107 W. 14th St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last BERNICE ALVIN LOGUE			4. DATE OF DEATH Month Day Year March 24, 1960		
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 7-25-1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Mechanic	11. BIRTHPLACE (City and state or country) Wellman, Iowa	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W. A. Logue		13b. MOTHER'S MAIDEN NAME Mary Kenyon		14. NAME OF HUSBAND OR WIFE Jessie Logue	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-01-5573A	17. INFORMANT Address Mrs. Jessie Logue, Lamar, Missouri		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Coronary occlusion and Chronic		12 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Asthma.	
	DUE TO (c)	

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
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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 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	COUNTY STATE

21. I attended the deceased from **2-2-1957** to **3-24-1960** and last saw ^{her}him alive on **10:00 P.M. 3/23**
 Death occurred at **5:00 P.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. Faustner M.D.	22b. ADDRESS 809 Gulf, Lamar, MO.	22c. DATE SIGNED 3/25/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-27-1960	23c. NAME OF CEMETERY OR CREMATORY Kings Point
23d. LOCATION (City, town, or county) Dade County, Missouri		

24. FUNERAL DIRECTOR ADDRESS Konantz Funeral Home, Lamar, Missouri	25. DATE RECD. BY LOCAL REG. 3-27-1960	26. REGISTRAR'S SIGNATURE Marie Konantz
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. L. L. ...

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Norman L. Thompson

Licensed Embalmer No. 4816

P. O. Address Tamas, Me

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.