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securing the medical certification in the specific manner required by 1937.140 M&RS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-025736

STATE FILE NUMBER

FILED VS JUL 21 1960

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 90

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Barry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Monett
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincents Hospital		Length of stay in 1b 15 minutes	d. STREET ADDRESS (If outside, give location) 203 County Road
3. NAME OF DECEASED (Type or print) First Dora Middle Agnes Last Logan		4. DATE OF DEATH Month 7 Day 11 Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 19, 1880
9. AGE (In years birthday) 80		10. FUNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	11. IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done throughout life, even if retired) Housewife		10b. KIND OF BUSINESS OR XXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) California, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Martin	
13b. MOTHER'S MAIDEN NAME Nancy Woody		14. NAME OF HUSBAND OR WIFE Frank Logan	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Alice Redpath Pierce City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage DUE TO (b) Gen Arteriosclerosis. DUE TO (c) 331X Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 1 hr ?
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 5:15 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 7-11-60 to 7-11-60 and last saw her alive on 7-11-60 Death occurred at 5:15 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. L. Daniels M.D.		22b. ADDRESS 5th + Broadway Monett Mo	
22c. DATE SIGNED 7-14-60		23a. NAME OF CEMETERY OR CREMATORY City Cemetery	
23b. DATE 7/14/1960		23c. LOCATION (City, town, or county) (State) Pierce City, Mo	
23d. BURNIAL, CREMATION, REMOVAL (Specify) Burial		24. FUNERAL DIRECTOR ADDRESS Wm. J. Wessell Pierce City, Mo.	
25. DATE RECD. BY LOCAL REG. 7-15-60		26. REGISTRAR'S SIGNATURE Mrs P.N. Cook	

Rec. 7-20-60

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed B. Gordon Bennett.....

Licensed Embalmer No. 4213.....

P. O. Address Montgomery, Ala.....

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.