

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027466

FILED VS AUG 3 1960

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. --- Registrar's No. 111

ENDED

1. PLACE OF DEATH a. COUNTY Laclede.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove, Missouri		Length of stay in 1b 7 yrs.	c. CITY OR TOWN Waynesville, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cedar Grove N. Home.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None.
3. NAME OF DECEASED (Type or print) First Cora Middle Lee Last Logan.			4. DATE OF DEATH Month July Day 24, 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 11/26/1884
9. AGE (last birthday) 75	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) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Pulaski Co., Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Yakley.	13b. MOTHER'S MAIDEN NAME Anna (Unknown.)
14. NAME OF HUSBAND OR WIFE Alex Logan.		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. None.
17. INFORMANT Mrs. Evelyn Logan Waynesville, Mo		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular accident DUE TO (b) Generalized arteriosclerosis DUE TO (c) --- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH One week
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> None	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 ---	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 ---
20g. COUNTY ---	20h. STATE ---		
21. I attended the deceased from 5/4/60 to 7/24/60 and last saw her alive on 7/20/60 Death occurred at 3:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) George Z. Fisher M.D.		22b. ADDRESS Lebanon, Missouri	22c. DATE SIGNED 7/26/60
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/26/60	23c. NAME OF CEMETERY OR CREMATORY Bradford Cemetery	23d. LOCATION (City, town, or county) Waynesville, Mo
24. FUNERAL DIRECTOR Logan's Funeral Home	ADDRESS Waynesville, Mo.	25. DATE RECD. BY LOCAL REG. 7-26-1960	26. REGISTRAR'S SIGNATURE Hella L. May

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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarice Moore

Licensed Embalmer No. 4896

P. O. Address Waynesville

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