

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035742

FILED VS. SEP 22 1960 280

Primary Registration District No. Registrar's No. 71

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Platte			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Weston Township		Length of stay in 1b 1 year	c. CITY OR TOWN RR2, Weston, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION wreck on 71 Hiway		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Betty Middle Jean Last Logan			4. DATE OF DEATH Month September Day 13 Year 1960			
5. SEX Female	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 12-2-26	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months Days 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 Home	11. BIRTHPLACE (City and state or country) Leardo, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Collens		13b. MOTHER'S MAIDEN NAME Rosa Lee Hill		14. NAME OF HUSBAND OR WIFE Clyde 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. 493-32-1030	17. INFORMANT Address Clyde Logan Weston, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) FRONTAL SKULL FRACTURE					INTERVAL BETWEEN ONSET AND DEATH 5 MIN.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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		
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"/> ACCIDENT	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) AUTO COLLISION				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HIGHWAY	20f. CITY, TOWN, OR LOCATION WESTON TWP.	COUNTY PLATTE	STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____. Death occurred at Approx. 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Coland M. Guffee, Coroner			22b. ADDRESS Platte City, Mo.		22c. DATE SIGNED 9-13-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE September 18	23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery	23d. LOCATION (City, town, or county) (State) Platte City, Missouri			
24. FUNERAL DIRECTOR Rollins-Mitchell		ADDRESS Platte City,	25. DATE RECD. BY LOCAL REG. Sept. 17, 1960,	26. REGISTRAR'S SIGNATURE B. Phia Rollins		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 4 1960

NOV 29 1960

NOV 8 1960

SEP 23 1960

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James G. [Signature]

Licensed Embalmer No. 5114

P. O. Address [Signature]

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