RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 5 1960

-60-042585

STATE FILE NUMBER

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 137

NDED

1. PLACE OF DEATH
a. COUNTY: JOHNSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Warrensburg,
Length of stay in 1b: 53 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Warrensburg Medical Center,
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Johnson
c. CITY OR TOWN: Warrensburg,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): West Pine St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: HUGH Last: LOGAN

4. DATE OF DEATH: Month November Day 28th. Year I960

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-9-74
9. AGE (last birthday): 86
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): Retired Dairyman
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (City and state or country): KnobNoster, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Logan,
13b. MOTHER'S MAIDEN NAME: Elizabeth Logan,
14. NAME OF HUSBAND OR WIFE: Effie Logan, Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Address: Mrs. Harry Ray, Warrensburg, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia
INTERVAL BETWEEN ONSET AND DEATH: 5 days.
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): Generalized Arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 II-24-60, to II-28-I960 and last saw him alive on II-28-I960
Death occurred at 5:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: O. L. Johnson (Degree or title) M.D.
22b. ADDRESS: Warrensburg, Missouri
22c. DATE SIGNED: II-28-I960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: II-30-I960
23c. NAME OF CEMETERY OR CREMATORY: KnobNoster Cemetery,
23d. LOCATION (City, town, or county) (State): KnobNoster, Missouri

24. FUNERAL DIRECTOR: The Brauningers, Warrensburg, Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG.: NOV.30,1960
26. REGISTRAR'S SIGNATURE: Savannah Butterfield

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed R A Brauninger

Signature of Student Embalmer

Licensed Embalmer No. 337

P. O. Address Warrensbu

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