

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 30 1961

-61-002115

Registration District No. 179 Primary Registration District No. 4287 Registrar's No. 4

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Troy		Length of stay in lb 2 Mo.	c. CITY OR TOWN Hawk Point
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 Cap Au Gris		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 Middle Last Rolla George Logan			4. DATE OF DEATH Month Day Year January 15, 1961
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 8/27/81
9. AGE (last birthday) 79		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber (retired)		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop	11. BIRTHPLACE (City and state or country) Olney, Missouri.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William G. Logan	
13b. MOTHER'S MAIDEN NAME Sarah Henton		14. NAME OF HUSBAND OR WIFE Katherine B. Ryan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Cleo Scheer, Troy, 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) CEREBRAL THROMBOSIS			INTERVAL BETWEEN ONSET AND DEATH 48 HRS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CEREBRAL ARTERIOSCLEROSIS			2 YRS
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"/>	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 a.m. p.m.			
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 5-16-57 to 1/15/61 and last saw him alive on 1/15/61		Death occurred at 2:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deputy title) Ann O'Wells M. D.		22b. ADDRESS Troy, Missouri.	22c. DATE SIGNED 1/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/18/61	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) (State) Troy, Missouri.
24. FUNERAL DIRECTOR Kemper-Marsh Funeral Home, Troy, Mo.		25. DATE RECD. BY LOCAL REG. 1-23-1961	26. REGISTRAR'S SIGNATURE Charlotte Leek

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

Student _____
Signature of Student Embalmer

Signed Joseph J. Marsh

Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.