

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042132

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 316Primary Registration District No. —Registrar's No. 440

FILED NOV 22 1961

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bismarck</u>		c. CITY OR TOWN <u>Bismarck</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>general delivery</u>		d. STREET ADDRESS (If outside, give location) <u>general delivery</u>	
3. NAME OF DECEASED (Type or print) First <u>HARRY</u> Middle <u>Lander</u> Last <u>LOGAN</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>11</u> Year <u>1961</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>June 12 1917 44</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintenence</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>telephone</u>	11. BIRTHPLACE (City and state or country) <u>Belleview Mo.</u>
13a. FATHER'S NAME <u>Joseph Lemuel Logan</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Ann Albright</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW 2</u>		16. SOCIAL SECURITY NO. <u>WW 2</u>	
17. INFORMANT <u>Ruth Logan, Bismarck Mo.</u>		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) <u>Acute circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			<u>minutes</u>
DUE TO (b) <u>Coronary thrombosis with myocardial infarction</u>			<u>years</u>
DUE TO (c) <u>Arteriosclerosis</u>			
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 <u>—</u> a.m. <u>—</u> p.m. <u>—</u>	Month, Day, Year <u>—</u>		
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 <u>—</u> STATE <u>—</u>
21. I attended the deceased from <u>10-21-61</u> to <u>11-3-61</u> and last saw <u>him</u> alive on <u>11-10-61</u> Death occurred at <u>6:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>M. M. Beck</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Bismarck, Missouri</u>	22c. DATE SIGNED <u>11-11-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11-13-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Ironton Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>—</u>
24. FUNERAL DIRECTOR <u>White Funeral Home, Ironton Mo.</u> <u>Arnell J. White</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 22 1961

DEC 18 1961

NOV 27 1961

MAR 27 1962

NOV 28 1961

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 Amel White

Licensed Embalmer No. 3012

P. O. Address Orton, Mo.

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.