

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011146

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB AMENDED Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1219 STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF

SUPPORT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

FILED MAR 19 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in lb Life

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3240 Norledge Avenue North East Restorium Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 9 E. 53rd Street Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last ELEANOR LOGAN

4. DATE OF DEATH Month Day Year February 27, 1962

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6/16/90 9. AGE (last birthday) 71 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) Homemaker 10b. KIND OF BUSINESS OR INDUSTRY Domestic 11. BIRTHPLACE (City and state or country) Kansas City, Mo. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME CHARLES H. LOGAN 13b. MOTHER'S MAIDEN NAME CARRIE E. SWAN 14. NAME OF HUSBAND OR WIFE -----

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. R. S. Raymond, Kansas City, 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) Coronary artery thrombosis INTERVAL BETWEEN ONSET AND DEATH 12h

DUE TO (b) Coronary Artery Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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. 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 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 Kansas City, Jackson Mo COUNTY STATE

21. I attended the deceased from Jan 1962 to Feb. 1962 and last saw her/him alive on Feb 15 1962 Death occurred at 9:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 4606 St John Kc mo 22c. DATE SIGNED 7-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE March 1, 1962 23c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery Shawnee 23d. LOCATION (City, town, or county) (State) Kansas

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd. 25. DATE RECD. BY LOCAL REG. 3-1-62 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Kenneth Leroy Johnson
4606 St. John Avenue
1:00-5:00

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 Wern Lawler

Licensed Embalmer No. 4915

P. O. Address KG 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.