

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-037924

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 465

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 30 1962

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in lb <u>40</u> years	c. CITY OR TOWN <u>Cape Girardeau</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1600 Independence</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1600 Independence</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BLANCHE GRAY LOGAN</u>		4. DATE OF DEATH Month Day Year <u>October 24, 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/20/1885</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>4</u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher, ret.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>State College</u>	11. BIRTHPLACE (City and state or country) <u>Ipspheming, Mich.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		13a. FATHER'S NAME <u>Walter Wesley Gray</u>	
13b. MOTHER'S MAIDEN NAME <u>Catherine Louise Johnston</u>		14. NAME OF HUSBAND OR WIFE <u>James C. Logan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Mrs. James W. Logan Cape Gir., Mo.</u>
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>Cancer - generally carcinoma of colon</u> DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) <u> </u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal direct condition given in PART I (a) <u>Arteriosclerosis</u>		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 a.m. p.m. Month, Day, Year	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 <u>1951</u> and last saw her/him alive on <u>Oct 24, 1962</u>		Death occurred at <u>1450</u> on the date stated above and to the best of my knowledge, from the causes stated. <u>JOHN T. CROWE, M. D.</u>	
22a. SIGNATURE (In green or title) <u>John T. Crowe M.D.</u>	22b. ADDRESS <u>MEDICAL ARTS BLDG. 937 BROADWAY</u>	22c. DATE SIGNED <u>10-25-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 26, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem. Cape Girardeau, Missouri</u>	
24. FUNERAL DIRECTOR <u>Walther's Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>10-26-62</u>	26. REGISTRAR'S SIGNATURE <u>James Kasten</u>

VS 300 Rev. 4/59

20168
20168

3

4 1

5 1

6

7 1

8 2

9 1538

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 David C. Bumpel

Licensed Embalmer No. 5085

P. O. Address Cape Girardeau, 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.