MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036794
STATE FILE NUMBER

Registration District No. 283 Primary Registration District No. 5655 Registrar's No. 313

FILED SEP 19 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: LAWRENCE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): MT. VERNON
Length of stay in 1b: 1 YR. 8 MOS. 19 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MISSOURI STATE SANATORIUM
Inside Limits: Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: CAMDEN
c. CITY OR TOWN: LINN CREEK
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): BOX 25
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: KENNETH Middle: HARMAN Last: LOGAN

4. DATE OF DEATH: Month: SEPTEMBER Day: 14 Year: 1963

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-10-1905
9. AGE (last birthday): 57 yrs.
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): RESORT GUIDE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): HOLTON, KANSAS
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: JOHN G. LOGAN
13b. MOTHER'S MAIDEN NAME: ALMA HARMAN
14. NAME OF HUSBAND OR WIFE: EVA LOGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of se
16. SOCIAL SECURITY NO.
17. INFORMANT: HOSPITAL RECORD Address: MO. STATE SAN MT. VERNON

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): PULMONARY TUBERCULOSIS FAR ADVANCED — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs. +
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)
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 12-26-61 to 9-14-63 and last saw ~~her~~ him alive on 9-14-63
Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. Lewis Hall (Degree or Title) M.D.
22b. ADDRESS: MO. STATE SAN. MT. VERNON, MO.
22c. DATE SIGNED: 9-14-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Sept 14-63
23c. NAME OF CEMETERY OR CREMATORY: Camden Cemetery
23d. LOCATION (City, town, or county): Camdenton (State): Mo

24. FUNERAL DIRECTOR: Reeds Funeral Home ADDRESS: Camdenton Mo
25. DATE RECD. BY LOCAL REG.: 9-16-63
26. REGISTRAR'S SIGNATURE: Roy Gardner

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.