

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30385**  
**40**  
Registrar's No. \_\_\_\_\_

No. 200  
10. 48

**FILED SEP 27 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Henry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b><br>b. COUNTY <b>Henry</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>   |  |
| c. LENGTH OF STAY (In this place) <b>all life</b>   |  | d. STREET ADDRESS (If rural, give location) <b>211 North Second</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>211 North Second</b>                             |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 22 1954</b>  |  |

|                                     |                          |                           |                        |
|-------------------------------------|--------------------------|---------------------------|------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <b>Nellie</b> | b. (Middle) <b>Randel</b> | c. (Last) <b>Logan</b> |
|-------------------------------------|--------------------------|---------------------------|------------------------|

|                      |                               |   |  |   |                          |                        |                         |                         |
|----------------------|-------------------------------|---|--|---|--------------------------|------------------------|-------------------------|-------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>Sept. 10, 1878</b> | 9. AGE (In years last birthday) <b>76</b> | # UNDER 1 YEAR<br>Months | # UNDER 1 YEAR<br>Days | # UNDER 1 YEAR<br>Hours | # UNDER 1 YEAR<br>Mins. |
|----------------------|-------------------------------|---|--|---|--------------------------|------------------------|-------------------------|-------------------------|

|   |   |   |   |
|---|---|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factory worker</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Novelty Manufat.</b> | 11. BIRTHPLACE (City and State or Foreign Country) <b>Henry Co., Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|---|---|---|---|

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <b>Stephen H. Randel</b> | 13b. MOTHER'S MAIDEN NAME <b>Georgian Fletcher</b> | 14. NAME OF HUSBAND OR WIFE <b>David R. Logan Deceased</b> |
|---|--|--|

|   |                               |   |                             |
|---|-------------------------------|---|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Olney Whitlow</b> | ADDRESS <b>Clinton, Mo.</b> |
|---|-------------------------------|---|-----------------------------|

|  |   |  |  |
|--|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 hr.</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>   |  |  |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|----------------------------------|--|

|  |  |   |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|--|--|----------------------------|

22. I hereby certify that I attended the deceased from July, 1952, to Sept 22, 1954, that I last saw the deceased alive on Sept 22, 1954, and that death occurred at 2:15 A. M., from the causes and on the date stated above.

|  |                                 |                                       |
|--|---------------------------------|---------------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Hugh B. Walker, MD</b> | 23b. ADDRESS <b>Clinton, Mo</b> | 23c. DATE SIGNED <b>23 Sept. 1954</b> |
|--|---------------------------------|---------------------------------------|

|   |                                |   |  |
|---|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Sept 24, 1954</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Parks Chapel Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Henry Co., Missouri</b> |
|---|--------------------------------|---|--|

|  |   |                             |
|--|---|-----------------------------|
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Sept 24 1954 Florence Adair</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conales</b> | ADDRESS <b>Clinton, Mo.</b> |
|--|---|-----------------------------|

(Licensed Embalmer's Signature on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1954

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 .....  
Student Embalmer

Signed Eugene R. Conacher  
\_\_\_\_\_

Licensed Embalmer No. 4680

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.