

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41192
5065
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>115 EAST 49TH STREET</u> | |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>H.</u> c. (Last) <u>LOGAN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>NOV-27-1949</u> |
|--|---|

| | | | | | | | | |
|--------------------|-------------------------------|---|--|--|--------------------------|------------------------|-------------------------|------------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>1904</u> <u>APRIL-25-1904</u> | 9. AGE (In years last birthday) <u>45 YRS.</u> | # UNDER 1 YEAR Months | # UNDER 1 WEEK Days | # UNDER 1 HOUR Hours | # UNDER 1 MIN. Min. |
|--------------------|-------------------------------|---|--|--|--------------------------|------------------------|-------------------------|------------------------|

| | | | |
|---|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>WIRE & IRON CO.</u> | 11. BIRTHPLACE (State or foreign country) <u>BETHANY, ILLINOIS</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|--|--|

| | | |
|--|---|---|
| 13a. FATHER'S NAME <u>Wm. Harrison Logan</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha May Crowder</u> | 14. NAME OF HUSBAND OR WIFE <u>NELLE K. LOGAN</u> |
|--|---|---|

| | | |
|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u> <u>W.W.II</u> | 16. SOCIAL SECURITY NO. <u>486-09-8970</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>MRS NELLE K. LOGAN</u> <u>115 EAST 49TH ST</u> <u>KANSAS CITY, MO</u> |
|---|--|---|

| | | | |
|---|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>11/24/49</u> <u>??</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio. Vascular</u> DUE TO (c) <u>Heart Disease</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

| | | |
|------------------------|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|---|---|

| | | |
|--|--|---|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 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) (Min.) | 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 11/24/49, 1949, to 11/27, 1949, that I last saw the deceased alive on 11/27, 1949, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

| | | |
|---|--|----------------------------------|
| 23a. SIGNATURE <u>J. W. Young</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>1401 S. W. Blvd KE14</u> | 23c. DATE SIGNED <u>11/28/49</u> |
|---|--|----------------------------------|

| | | | |
|---|---------------------------|--|--|
| 24a. BURIAL CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>11-29-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>--</u> | 24d. LOCATION (City, town, or county) (State) <u>Bethany, Illinois</u> |
|---|---------------------------|--|--|

| | | |
|--|---|---|
| DATE REC'D BY LOCAL REG. <u>11-29-49</u> | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons</u> <u>1371 BRUSH CREEK BLVD</u> <u>KANSAS CITY, MO</u> |
|--|---|---|

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 17 1949

JAN 13 1950

MAY 10 1951

JUN 21 1951

MAY 28 1951

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.

Signed.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No.

4182

P. O. Address.....

Kansas City

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.