

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5850

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>32 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u> <u>0732</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>123 So. High Street</u>				d. STREET ADDRESS (If rural, give location) <u>123 So. High Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>COEA</u>		b. (Middle) <u>Belle</u>		c. (Last) <u>CANNON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 18 1952</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>May 7-1854</u>	
9. AGE (In years last birthday) <u>97</u>		10. MONTHS <u>9</u>		11. DAYS <u>11</u>		12. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Flint Hill, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Hugh B. Logan</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Widowed</u>				15. HAD 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>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Sweet Thoske, Mo</u>				18. ADDRESS <u>Neosho, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage (base of brain)</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Samility - Astero's column</u> DUE TO (c) <u>Broken hip 2 1/2 years ago that she was from a fall in her bed. No surgery - bed ridden since that time</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>331X F.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 <u>Feb 17</u> , 19 <u>52</u> , to <u>Feb 18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Feb 17</u> , 19 <u>52</u> , and that death occurred at <u>6:30 AM.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Lawton</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Neosho Mo</u>		23c. DATE SIGNED <u>2/19/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 21, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-20-52</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bigham Mort</u>		ADDRESS <u>Neosho, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number _____
Date Filed FEB 25 1952

FEB 25 1952

NEOSHO, MISSOURI

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 J. H. Gibson

Licensed Embalmer No. 4871

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