

## STANDARD CERTIFICATE OF DEATH

State File No. 7937

FILED MAR 29 1954  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 5166 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Calloway</u>					
b. CITY OR TOWN <u>Rural Anxovae</u>		c. LENGTH OF STAY (in this place) <u>23 yrs</u>		c. CITY OR TOWN <u>Rural Anxovae</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D I Anxovae (Home)</u>				e. STREET ADDRESS (If rural, give location) <u>R.F.D # 1 Anxovae 0140</u>					
3. NAME OF DECEASED a. (First) <u>LITTIE</u>			b. (Middle) <u>CANNIE</u>		c. (Last) <u>LOGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 23-1954</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr. 30th 1870</u>		9. AGE (In years last birthday) <u>83</u> if UNDER 1 YEAR Months Days 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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Vicie Edwards</u>			14. NAME OF HUSBAND OR WIFE <u>John H. 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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Lissie Williams Anxovae Mo.</u> ADDRESS				
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 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>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>30 min.</u>	
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)		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 _____, 19 <u>40</u> , to <u>March 23, 1954</u> , that I last saw the deceased alive on <u>Feb</u> , 19 <u>54</u> , and that death occurred at <u>10:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G. H. Domann M.D.</u>				23b. ADDRESS <u>Anxovae Mo.</u>			23c. DATE SIGNED <u>3-24-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Paris F. m.</u>		24d. LOCATION (City, town, or county) (State) <u>Rural, Fulton, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Mar. 26-1954</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426		25. FUNERAL DIRECTOR'S SIGNATURE <u>Street, Paris, Columbia, Mo.</u> ADDRESS					

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 20 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.....  
Signature of Student Embalmer

Signed *Stuart H. Taylor*.....

Licensed Embalmer No. *290*

P. O. Address *Columbia*.....

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.