

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 550 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY, <u>Henry</u>	
b. CITY OR TOWN <u>Leeville Township</u>		c. CITY OR TOWN <u>Leeville Township #420</u>	
c. LENGTH OF STAY (in this place) <u>72 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton R7D 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton R7D 2</u>		d. STREET ADDRESS (If rural, give location) <u>Clinton R7D 2</u>	
3. NAME OF DECEASED a. (First) <u>ELLEN</u> (Type or Print)		b. (Middle) <u>-</u>	
c. (Last) <u>LOGAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 12-1870</u>
9. AGE (in years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>2</u>	Days <u>3</u>	# UNDER 6 Mos. <u>-</u>
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 (City and State or Foreign Country) <u>Calhoun Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Loban Parks</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E Parks</u>	14. NAME OF HUSBAND OR WIFE <u>Harry Logan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Logan Clinton Mo Rt 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Bronchitis</u>  DUE TO (c) <u>50</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>5021</u>	
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 <u>Jan 1, 1954</u> , to <u>4-15, 1954</u> , that I last saw the deceased alive on <u>4-16, 1954</u> , and that death occurred at <u>10 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Walker M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>4-16-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parks Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Henry County Missouri</u>
DATE REC'D BY LOCAL REG. <u>April 30-54</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Florence Adair</u> ADDRESS <u>Clinton Mo</u>	

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

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

*F. Lee Scheffing*

Licensed Embalmer No. *4513*

P. O. Address *Clinton Dns.*

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.