

FILED APR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13347

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i> R. 1	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia Rural 4</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Sedalia</i>	
c. LENGTH OF STAY (In this place) <i>18 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>Buena Vista Home</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Buena Vista Home</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Frank</i> b. (Middle) <i>Daniel</i> c. (Last) <i>Cogan</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Apr 15, 1949</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Dec. 25, 1895</i>
9. AGE (In years of last birthday) <i>53</i>		Months <i>3</i>	Days <i>20</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Patient</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Unknown</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>None</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or known) <i>no</i> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Buena Vista Home - Sedalia Mo</i>
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) <i>Diabetes with gangrene of both feet and legs</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>260X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (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 <i>Mar</i> , 1948, to <i>April</i> , 1949, that I last saw the deceased alive on <i>April 14, 1949</i> , and that death occurred at <i>10 a. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Ed Swaway, M.D.</i>		23b. ADDRESS <i>Sedalia, Mo.</i>	23c. DATE SIGNED <i>4/15-49</i>
24a. BURIAL CREMATION REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr. 16, 1949</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Crown Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Sedalia Mo</i>
DATE REC'D BY LOCAL REG. <i>4-16-49</i>	REGISTRAR'S SIGNATURE <i>Betty Yeager</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>251 McLaughlin Bros - 519 So Ohio Sedalia Mo.</i>	

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

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RECEIVED

District Health Officer No. 3,

District File Number _____
Date Filed 4-18-49

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 [Handwritten Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 3753

P. O. Address Sedalia, 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.