

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27202

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 342

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) <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		OR TOWN <u>INDEPENDENCE</u> <u>0484</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>INDEP. SANITARIUM</u>		d. STREET ADDRESS (If rural, give location) <u>1621 NORTH LIBERTY</u>	

3. NAME OF DECEASED (Type or Print) <u>RICHARD</u>	a. (First)	b. (Middle)	c. (Last) <u>COOGAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1950</u>
--	------------	-------------	-------------------------	--

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED! (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>SEPT. 27, 1897</u>	9. AGE (In years last birthday) <u>52</u>	If UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	If UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Distributor of Religious Literature</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>NEW YORK, N.Y.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>Peter Coogan</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MYRTIE NEMEC, INDEP. MO.</u>	ADDRESS <u></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		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uræmia</u>		<u>Past year</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pyonephritis</u>		<u>6000</u>
	DUE TO (c) <u>Prostatitis &amp; Obstruction</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 years ago had a spinal cord tumor</u> <u>2 years ago had a kidney stone</u> <u>2 years ago had a prostate gland enlargement</u> <u>2 years ago had a bladder infection</u> <u>2 years ago had a urinary tract infection</u> <u>2 years ago had a urinary tract infection</u> <u>2 years ago had a urinary tract infection</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Dad's nephroses &amp; calculus of tube retention in left kidney - 6/2/50</u>	19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE	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 August 28, 1950, to August 30, 1950 that I last saw the deceased alive on August 30, 1950, and that death occurred at 7:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Esther Allen M.D.</u>	23b. ADDRESS <u>Independence, MO</u>	23c. DATE SIGNED <u>Aug. 31, 1950</u>
---	--------------------------------------	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9/4/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Summerville, Ohio</u>	24d. LOCATION (City, town, or county) (State)
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Aug 31, 1950</u>	REGISTRAR'S SIGNATURE <u>James P. Daley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland G. ...</u>	ADDRESS <u></u>
--	---	---	-----------------

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

SEP 5

SEP 12 1956

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

*Stanley M. Seaton*

Licensed Embalmer No. 4504

P. O. Address Independence, 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.