

STANDARD CERTIFICATE OF DEATH

1943b

State File No.

FILED JUL 14 1952

BIRTH NO.		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 723	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan 0117			
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. LENGTH OF STAY (In this place) 42 years		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph 6			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1619 N. 2nd Street				d. STREET ADDRESS (If rural, give location) 1619 N. 2nd Street			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Tyre		c. (Last) Cogdill		4. DATE OF DEATH (Month) (Day) (Year) July 6, 1952	
5. SEX male 0		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 3, 1869	
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months		IF UNDER 11 MRS. Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (State or foreign country) Gentry Co. Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William D. Cogdill		13b. MOTHER'S MAIDEN NAME Betty Eades		14. NAME OF HUSBAND OR WIFE Ida Bell Cogdill			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida B. Cogdill, 1619 N. 2, St. Joseph			
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) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4/27/52	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic				490-	
		DUE TO (c)					
		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"/>	
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)		331X	
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 11/6 , 19 48 , to 7/4 , 19 52 , that I last saw the deceased alive on 7/4 , 19 52 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Frank W. Sandigan MD				23b. ADDRESS 620 Francis St		23c. DATE SIGNED 7/7/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/8/1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG. July 10, 1952		REGISTRAR'S SIGNATURE Carl C. Carter		25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bauman Funeral Home		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

W. H. Hartigan

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 *William Spalding*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th St. Des Moines*

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.