V.S. No. 300
Rev. 10.48

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

FILED SEP 9 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28389

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 338

1. PLACE OF DEATH
a. COUNTY: Jackson 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Blue~~
c. LENGTH OF STAY (In this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Independence Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 0480
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 1
d. STREET ADDRESS (If rural, give location): 922 S. Hawthorne

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Lynn
c. (Last): Cohee

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22, 1952

5. SEX: male ♂
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant ♂
8. DATE OF BIRTH: May 21, 1952
9. AGE (In years last birthday): 0 — If under 1 year: Months 3, Days 1 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): Neodesha, Kansas.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Guy L. Cohee
13b. MOTHER'S MAIDEN NAME: Bonnie Frank
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Guy L. Cohee, Kansas City 3, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] Deputy Coroner
23b. ADDRESS: 4050 Broadway Kansas
23c. DATE SIGNED: 8-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/25/52
24c. NAME OF CEMETERY OR CREMATORY: Mt. Grove Cem.
24d. LOCATION (City, town, or county) (State): Independence, Mo.

DATE REC'D BY LOCAL REG.: 8-24-52
REGISTRAR'S SIGNATURE: James L. Leary
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Geo. C. Carson, Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Richard R. Francis

Licensed Embalmer No. 7863

P. O. Address Indep., 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.