

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1306

State File No. _____

FILED JAN 25 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 129

| | | | |
|--|---|---|--|
| 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>Kansas City Mo.</u> | c. LENGTH OF STAY (in this place) <u>3 weeks</u> | c. CITY OR TOWN <u>Kansas City, Rural</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>9207 Holmes St</u> | |

| | | | | |
|---|------------|-------------|-----------|--|
| 3. NAME OF DECEASED (Type or Print) <u>Mr Max Alexander Cosman</u> | a. (First) | b. (Middle) | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>1-10-1956</u> |
|---|------------|-------------|-----------|--|

| | | | | | | |
|-----------------------|----------------------------------|--|--------------------------------------|--|--------------------------------|--------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>9-24-1894</u> | 9. AGE (in years last birthday) <u>61</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--------------------------------------|--|--------------------------------|--------------------------------|

| | | | |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner-Master Leather Goods Co</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Suryea, Pennsylvania</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|---|-----------------------------------|---|--|

| | | |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME <u>unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Cosman</u> |
|--------------------------------------|---|--|

| | | | |
|---|---|--|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>497-36-6595</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Cosman</u> | ADDRESS <u>9207 Holmes St</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PNEUMONIA</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture duodenal stump post gastrectomy</u> | | | <u>3-4 days</u> |
| | DUE TO (c) <u>Pancreatic digestion</u> | | | <u>3-8 days</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Asthma-bronchial</u> | | | <u>3 weeks</u> | |

| | | |
|---|---|---|
| 19a. DATE OF OPERATION <u>12-20-55</u> | 19b. MAJOR FINDINGS OF OPERATION <u>duodenal ulcer</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|---|---|---|

| | | |
|---|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5410</u> |
|---|--|--|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u> | 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 7-7, 1955, to death, 1956, that I last saw the deceased alive on 1-10, 1956, and that death occurred at 10:45 a.m., from the causes and on the date stated above.

| | | | |
|--|-----------------------------|---|------------------------------------|
| 23a. SIGNATURE <u>M. O. S. O. M. O.</u> | (Degree or title) <u>MD</u> | 23b. ADDRESS <u>928 Professional Bldg., K.C. Mo.</u> | 23c. DATE SIGNED <u>1-11-56</u> |
|--|-----------------------------|---|------------------------------------|

| | | | |
|---|-----------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>1-13-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>oline Branch</u> | 24d. LOCATION (City, town, or county) (State) <u>White Cloud, Kansas</u> |
|---|-----------------------------|---|---|

| | | | |
|--|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>1-11-56</u> | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Franco-Warnell</u> | ADDRESS <u>Federal Home</u> |
|--|---|---|--------------------------------|

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

12.
10.
11.
12.
13.
14.
15.
16.
17.
18.
19.
20.

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.....
Signature of Student Embalmer

Signed *Russell N. Fran*.....

Licensed Embalmer No. *42*.....

P. O. Address *K.C.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.