

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021840

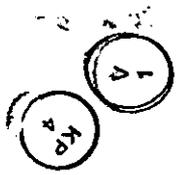
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2089

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>OLATHE</u> 8150 8 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LUKE'S</u>		Length of stay in lb <u>10 days</u>	d. STREET ADDRESS (If outside, give location) <u>921 Louisa</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRED B. COGSWELL</u>			4. DATE OF DEATH Month Day Year <u>6-14-58</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-95</u>
9. AGE (In years last birthday) <u>62</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>Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Jowa Falls, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Fred George Cogswell</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Rose Bond</u>		14. NAME OF WIFE AND OR WIFE <u>Mrs Hazel A. Cogswell</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>509-09-6080</u>	17. INFORMANT <u>Hospital Records</u> Address <u>KCMO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction due to</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Arterio Coronary Sclerosis</u> DUE TO (c) <u>Arteriosclerosis, Generalized</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs +</u> <u>6 yrs +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>May 4, 58</u> to <u>June 14, 1958</u> and last saw her alive on <u>June 14, 1958</u> . Death occurred at <u>6:30 am 16 City, Mo 6/14/58</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Armed N. Burns MD</u>		22b. ADDRESS <u>4635 Wyandotte K City Mo</u>	22c. DATE SIGNED <u>6/14/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6-14-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Robinson K.S.</u>
24. FUNERAL DIRECTOR <u>Master W. Jay</u> ADDRESS <u>Olathe, Ks</u>		25. DATE RECD. BY LOCAL REG. <u>6-14-58</u>	26. REGISTRAR'S SIGNATURE <u>Neil Marshall</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Arnold V. Arms



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 Master Lee Frye, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Master Lee Frye

Licensed Embalmer No. 3115
P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.