

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-62-001580**

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 572

**FILED FEB 13 1962**

AMENDED

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL, K.C., MO.</b>		d. STREET ADDRESS (If outside, give location) <b>2923 Charlotte</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD PATRICK COSGROVE</b>		4. DATE OF DEATH Month Day Year <b>JANUARY 29, 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-12-95</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight Handler - Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>66</b>
11. BIRTHPLACE (City and state or country) <b>KANSAS CITY, KANSAS</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES E. Cosgrove</b>		13b. MOTHER'S MAIDEN NAME <b>ANNIE E. HUGHES</b>	14. NAME OF HUSBAND OR WIFE <b>MARY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Official Records VA Hospital, K.C., Mo.</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchopneumonia, advanced</b>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Renal failure</b>			
DUE TO (c) <b>Arterial and arteriolar nephrosclerosis, advanced</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Hypertensive cardiovascular disease</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <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. attended the deceased from <b>VA</b> <b>December 15, 1961-1-29-62</b>			
Death occurred at <b>11:50 P.M.</b>		on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>T. J. FRITZLEN, M.D.</b>		22b. ADDRESS <b>VA Hospital, K.C., Mo.</b>	22c. DATE SIGNED <b>1-30-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2/1/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Mo.</b>
24. FUNERAL DIRECTOR <b>Melody-McGilley-Eylar, Linwood &amp; Main</b>		25. DATE RECD. BY LOCAL REG. <b>1-31-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth H. Long</b>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

**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 Raymond P. Dickman

Licensed Embalmer No. 5120

P. O. Address K C 3 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.