

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4830**

FILED FEB 21 1949

No. 300
10-48

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>411</u>	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 28 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3113 THOMPSON				d. STREET ADDRESS (If rural, give location) 3113 THOMPSON			
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR			b. (Middle) BERNARD		c. (Last) COGAN		4. DATE OF DEATH (Month) (Day) (Year) 1 27 49
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEBRUARY 24-1894		9. AGE (In years last birthday) 54	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)		10b. KIND OF BUSINESS OR INDUSTRY INSURANCE BROKER STONEHAM, MASSACHUSETTS		11. BIRTHPLACE (State or foreign country) MASSACHUSETTS		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JAMES COGAN			13b. MOTHER'S MAIDEN NAME MARY A. Mullaley		14. NAME OF HUSBAND OR WIFE ALICE MARIE COGAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 495-06-3950		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR B. COGAN JR., 3504 JEFFERSON			
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.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hyperarterial tension myocarditis</u></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Albuminuria - Decompensation</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443X</p>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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) <u>7 W. 20th St. Jackson MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>U</u>			
22. I hereby certify that I attended the deceased from <u>Nov 27</u> , 1947 to <u>Jan 27</u> , 1949, that I last saw the deceased alive on <u>Jan 27</u> , 1949, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Delon A. Williams M.D.</u> (Degree or title)					23b. ADDRESS <u>804 Popplefield</u>		23c. DATE SIGNED <u>1/27/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-29-1949	24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. <u>1-28-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. J. Donnell Co. 3256 BROADWAY</u>		

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

(Licensed Embalmer's Statement on Reverse Side)

AUG 8 1948

SET 10 1948

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 Park G. Rowe

Licensed Embalmer No. 2347

P. O. Address H.C. 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.