

THE GREAT CITY OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16496

STATE FILE NUMBER

FILED JUN 3 1957

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <b>Clay</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>Tulsa</b> ✓				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Excelsior Springs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Tulsa</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR VETERANS ADMINISTRATION INSTITUTION <b>Veterans Administration Hospital</b>		Length of stay in 1b <b>14 mos 24 days</b>		d. STREET ADDRESS <b>1318 S. Sandusky</b>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>ARTHUR</b> Middle <b>M.</b> Last <b>COGAN</b>				4. DATE OF DEATH Month <b>May</b> Day <b>8</b> Year <b>1957</b>				
5. SEX <b>Male</b> 0		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>4-2-90</b>		
9. AGE (In years last birthday) <b>67</b>		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) <b>Clerical</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Office</b>		11. BIRTHPLACE (City and state or country) <b>DUBLIN, Ireland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John Cogan</b>				14. MOTHER'S MAIDEN NAME <b>Mary McLean</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW 1</b>		16. SOCIAL SECURITY NO. <b>44 30 0497</b>		17. INFORMANT Address <b>VA Hospital records</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary, tuberculosis, chronic, active, far advanced.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Pulmonary emphysema; Generalized arteriosclerosis</b>						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> <b>1</b>		
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 _____ a. m. _____ p. m. _____								
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. I, <b>VA</b> , attended the deceased from <b>May 16, 1956</b> to <b>May 8, 1957</b> Death occurred at <b>12:10 a.m.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>J. J. MARQUELL, M.D. Act. Pathologist</b>				22b. ADDRESS <b>VAH Excelsior Springs, Mo.</b>		22c. DATE SIGNED <b>5-9-57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>5-9-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>UNKNOWN</b>		23d. LOCATION (City, town, or county) (State) <b>TULSA, OKLAHOMA</b>		
24. FUNERAL DIRECTOR <b>Richard Funeral Home, Inc. 5130157 Excelsior Springs, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>5/30/57</b>		26. REGISTRAR'S SIGNATURE <b>Baroline Hutchings</b>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Ralph Van Landingham*

Licensed Embalmer No. *14,095*  
*Embalmer Springs,*  
P. O. Address: .....

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.