

FILED OCT 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30201

State File No. 295

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>295</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) <u>St. Marys Hospital</u>		c. CITY OR TOWN <u>Jefferson City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>505 Bolivar St. 824 W. McCarty</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George Emmett Coogan</u> b. (Middle) _____ c. (Last) _____				4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 8, 1956</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 15, 1868</u>	
9. AGE (In years last birthday) <u>88</u>		10. MONTHS <u>0</u>		11. DAYS <u>23</u>		12. IF UNDER 1 YEAR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>farm</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Dennis Coogan</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Richie</u>			
14. NAME OF HUSBAND OR WIFE <u>Mary Lane</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>none</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Wm. Deeken</u>			
18. ADDRESS <u>Jefferson City</u>				19. MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiac Vascular Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Co of Prostate</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4221H</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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
21f. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from <u>Aug 2, 1956</u> , to <u>Oct 8, 1956</u> , that I last saw the deceased alive on <u>Oct 8, 1956</u> , and that death occurred at <u>11 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. B. Hebl</u>				23b. ADDRESS <u>Jefferson City, Mo.</u>			
23c. DATE SIGNED <u>10-9-56</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Oct. 11, 1956</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>			
24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Dulle Funeral Home</u>			
25. ADDRESS <u>J.C. Mo.</u>				DATE REC'D BY LOCAL REG. <u>9 Oct 1956</u>			
REGISTRAR'S SIGNATURE <u>R. P. Norris, MD - MR</u>				(Licensed Embalmer's Statement on Reverse Side)			

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

69-2

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 *Richard H. Russell*.....

Licensed Embalmer No. *3703*.....

P. O. Address *601 E. High*.....

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.