FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27202

BIRTH NO. ______ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 342

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 OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE c. LENGTH OF STAY (in this place): 2 DAYS	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE 0484
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INDEP. SANITARIUM	d. STREET ADDRESS (If rural, give location): 1621 NORTH LIBERTY

3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) c. (Last) COOGAN

4. DATE OF DEATH (Month) (Day) (Year): AUGUST 30, 1950

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: SEPT. 27, 1897

9. AGE (In years last birthday): 52 If under 1 year — Months: 11 Days: 3 If under 24 hrs. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Distributor of Religious Literature

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NEW YORK, N.Y.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PETER COOGAN

13b. MOTHER'S MAIDEN NAME: UNKNOWN

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MYRTLE NEMEC, INDEP. MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Uraemia	10 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Pyonephritis	Past year
	DUE TO (c) Prostatitis c̄ obstruction	6 [illegible]

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: 12 years ago had a spinal cord tumor. Paralysis below the lumbar level. Both legs amputated [illegible] years ago because [illegible] developed [illegible]

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Had a nephrostomy & drainage tube retention in rt kidney [illegible]

20. AUTOPSY? YES ☐ NO ☒

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 WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 28 1950, to August 30 1950 that I last saw the deceased alive on August 30, 1950, and that death occurred at 2:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): C. H. Allen M.D.

23b. ADDRESS: Independence, Mo.

23c. DATE SIGNED: Aug. 31, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 9/1/50

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Summerford, Ohio

DATE REC'D BY LOCAL REG.: Aug. 31, 1950

REGISTRAR'S SIGNATURE: James R. Daly 354

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Roland [illegible] Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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