FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11272

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BIRTH NO. ______ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 57

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

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN: Nevada
c. LENGTH OF STAY in this place: 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION: 312 W. Ashland

2. USUAL RESIDENCE
a. STATE: Mo.
b. COUNTY: Vernon 108
c. CITY OR TOWN: Nevada 2
d. STREET ADDRESS: 312 W. Ashland

3. NAME OF DECEASED (Type or Print): a. (First) Richard b. (Middle) Bland c. (Last) Coogan

4. DATE OF DEATH: (Month) 4 (Day) 2 (Year) 49

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 30, 1896
9. AGE (in years last birthday): 52 Months: 5 Days: 2

10a. USUAL OCCUPATION: tire repare
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minneapolis, Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Goldie L. Coogan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
16. SOCIAL SECURITY NO.: 551-05-1474
17. INFORMANT'S SIGNATURE OR NAME: Goldie L Coogan ADDRESS: Nevada, 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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retro-Peritoneal Sarcoma
INTERVAL BETWEEN ONSET AND DEATH: 7 mon

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None Known
DUE TO (c) —

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 12-2-48
19b. MAJOR FINDINGS OF OPERATION: Exploratory laparotomy revealed Inoperable Retro-Peritoneal Sarcoma
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 Oct 27, 1948, to Apr 2, 1949, that I last saw the deceased alive on March 29 1949, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE: W.B. Love MD (Degree or title)
23b. ADDRESS: Nevada, Mo.
23c. DATE SIGNED: 4-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-5-49
24c. NAME OF CEMETERY OR CREMATORY: Newton Burial Park
24d. LOCATION (City, town, or county) (State): Nevada, Mo.

DATE REC'D BY LOCAL REGISTRAR: April 6-49
REGISTRAR'S SIGNATURE: Kathryn H. Yancey 331
25. FUNERAL DIRECTOR'S SIGNATURE: Marsh Eichinger ADDRESS: Nevada, Mo.

(Amended Embalmer's Statement on Reverse Side)