

FILED MAY 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16120

BIRTH NO. 29116-51 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 77

362

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington	
c. LENGTH OF STAY (In this place) 36 hrs.		d. STREET ADDRESS (If rural, give location) St. Francis Hospital	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If rural, give location) St. Francis Hospital	

3. NAME OF DECEASED (Type or Print) Ricky Dean Lough			4. DATE OF DEATH (Month) (Day) (Year) May 10 1951		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH May 9, 1951		9. AGE (In years last birthday) 36		10. KIND OF BUSINESS OR INDUSTRY **	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **			11. BIRTHPLACE (State or foreign country) Washington, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Earl Lough		13b. MOTHER'S MAIDEN NAME Mary Ann Vandegriffe		14. NAME OF HUSBAND OR WIFE **	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **		16. SOCIAL SECURITY NO. **		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Lough Owensville, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Atelectasis - Bilateral complicated with prematurity due to (b) Baby approximately 30 weeks at time of birth. due to (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			INTERVAL BETWEEN ONSET AND DEATH 1 day
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7625		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-9, 1951, to 5-10, 1951, that I last saw the deceased alive on 5-10, 1951, and that death occurred at 3P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Pamela Brenner M.D.		23b. ADDRESS Owensville, Mo.		23c. DATE SIGNED 5-11-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-11-1951		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) Owensville, Mo.	

DATE REC'D BY LOCAL REG May 12, 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Milford H/H Winters OWENSVILLE	
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File No. _____
DISTRICT HEALTH OFFICE No. 4
MAY 21 1951

RECEIVED

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 Me ^{NOT}

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Melford T. H. Winters

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.

NO EMBALMING