

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28521**

FILED AUG 19 1954

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. LENGTH OF STAY (In this place) 15 days	c. CITY OR TOWN Jadwin
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelps County Memoria		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS Gladden typ		0330 /	
3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Newton c. (Last) Lough		4. DATE OF DEATH (Month) (Day) (Year) 8/7/54 (1954)	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Feb 23rd 1888
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) merchant		10b. KIND OF BUSINESS OR INDUSTRY grocery	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Lough		13b. MOTHER'S MAIDEN NAME Sarah Smith	14. NAME OF HUSBAND OR WIFE XXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME Steve Lough ADDRESS Jadwin Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EDEMA INTERVAL BETWEEN ONSET AND DEATH few hrs ANTECEDENT CAUSES DUE TO (b) MYOCARDIAL INFARCTION 17 days DUE TO (c) CORONARY ATHEROSCLEROSIS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. MESENTERIC THROMBOSIS	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION PERITONITIS	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		4201	
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) (Min.)	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 July 22, 1954 , to 8/7, 1954 , that I last saw the deceased alive on 8/6, 1954 , and that death occurred at 3 P m., from the causes and on the date stated above.			
23a. SIGNATURE B. S. Bass		(Degree or title) MD	23b. ADDRESS 9 Salem, Mo
23c. DATE SIGNED 8/9/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/9/54	24c. NAME OF CEMETERY OR CREMATORY Jadwin Cem	24d. LOCATION (City, town, or county) (State) Jadwin Mo
DATE REC'D BY LOCAL REG. Aug 9, 1954	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Carl P. ... ADDRESS ...	

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed AUG 18 1934

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 Carl H. Pyman

Licensed Embalmer No. 93

P. O. Address Salem, W.

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.