

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUN 29 1960

=60-022792
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 5430 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Franklin				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Franklin					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Clair, Mo		Length of stay in 1b --		c. CITY OR TOWN St. Clair, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION --			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R No #1		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Eugene Middle L. Last Lough				4. DATE OF DEATH Month June Day 24 Year 1960					
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Jan. 26, 1920	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months 6 Days 2 Hours Min. 	IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor			10b. KIND OF BUSINESS OR INDUSTRY General Labor		11. BIRTHPLACE (City and state or country) Franklin, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME Buck Lough			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. no		17. INFORMANT Junior Lough Address St Clair Mo				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures of skull and fractures of ribs cage and both legs							INTERVAL BETWEEN ONSET AND DEATH instant		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not stated to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Subject was struck by auto when he was walking on highway					
20c. TIME OF INJURY Hour Month, Day, Year 		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 66 0.3 mile west of St Clair Franklin Mo.		20f. CITY, TOWN, OR LOCATION St. Clair Franklin Mo.		
21. I attended the deceased from 9:55 P to and last saw her alive on Death occurred at 9:55 P m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Robert L. Mitchell (Degree or title)				22b. ADDRESS Union Mo				22c. DATE SIGNED 6/28/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 26, 1960	23c. NAME OF CEMETERY OR CREMATORY Green Mount Cem.		23d. LOCATION (City, town, or county) St. Clair Missouri			(State)	
24. FUNERAL DIRECTOR Robert L. Mitchell ADDRESS St. Clair Mo				25. DATE RECD. BY LOCAL REG. 6-25-60		26. REGISTRAR'S SIGNATURE Wally Smith			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sherrill W. Mitchell

Licensed Embalmer No. 3873

P. O. Address H. Clair, T.

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.