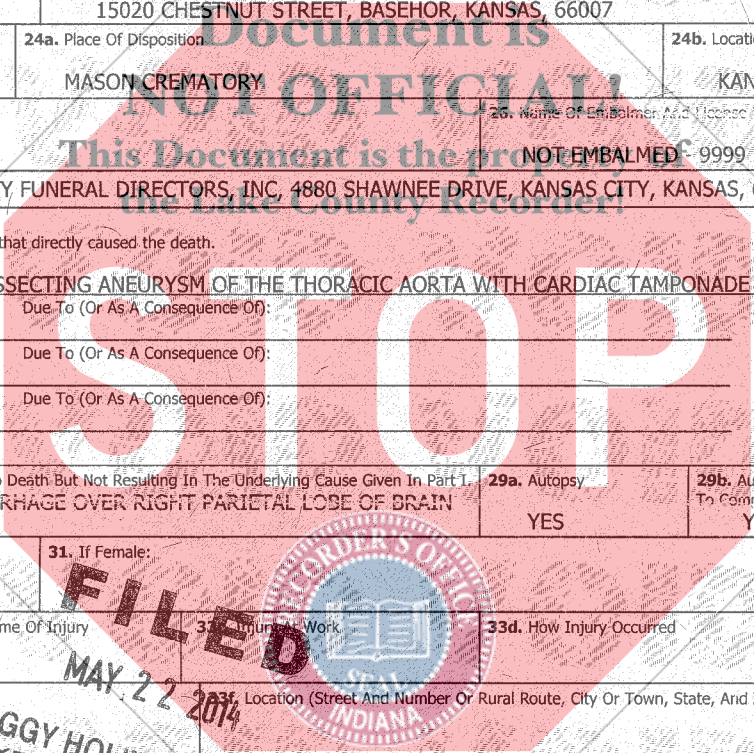


Kansas Department of Health and Environment
Office of Vital Statistics
CERTIFICATE OF DEATH

115-2014-07508

State File Number

1. Decedent's Legal Name (First, Middle, Last) JOHN ARTEL LOUGH		2. Sex MALE	3. Date Of Death (Month, Day, Year) 02/26/2014		4. Social Security Number 510-14-5982	5. Date Filed By State Registrar 04/29/2014
6. If Female, Name Prior to First Marriage		7a. Date Of Birth 06/09/1921	7b. Age 92 YEAR(S)	8. Place Of Birth (City And State Or Foreign Country) LUKE CITY, NEBRASKA		9. Decedent Ever In U.S. Armed Forces YES
10a. Place Of Death DECEDENT RESIDENCE			10b. Facility Name (If Not Institution, Street And Number) 15020 CHESTNUT STREET		10c. County Of Death LEAVENWORTH	10d. Zip Code 66007
10e. City or Town Of Death BASEHOR	11. Marital Status WIDOWED		12. Surviving Spouse (If Wife, Name Before First Marriage)		13a. Residence - Street Address 15020 CHESTNUT STREET	
13b. State or Foreign Country KANSAS	13c. County or Province LEAVENWORTH	13d. City or Town BASEHOR		13e. Zip Code 66007	13f. Inside City Limits YES	
14. Decedent's Ancestry AMERICAN			15. Decedent's Race WHITE			
16. Decedent's Hispanic Origin NOT SPANISH, HISPANIC, LATINO						
17. Decedent's Education HIGH SCHOOL GRADUATE OR GED COMPLETED			18. Decedent's Occupation FARMER		19. Decedent's Industry FARMING	
20. Father's Name (First, Middle, Last) JOHN HENRY LOUGH				21. Mother's Name Prior To First Marriage (First, Middle, Last) ELIZABETH KATZUNG		
22a. Informant's Name (First, Middle, Last) WARNER SHORTER		22b. Mailing Address (Street, Number, City, State, And Zip Code) 15020 CHESTNUT STREET, BASEHOR, KANSAS, 66007			22c. Relationship To Decedent STEPSON	
23. Method Of Disposition CREMATION		24a. Place Of Disposition MASON CREMATORY		24b. Location KANSAS CITY, MISSOURI		
25. Funeral Service Licensee And License Number /e/ LISA MASON-ROGERS - 2728			26. Name Of Embalmer And License Number NOT EMBALMED - 9999			
27. Name And Address Of Firm KANSAS CITY FUNERAL DIRECTORS, INC, 4880 SHAWNEE DRIVE, KANSAS CITY, KANSAS, 66106						
28. Cause Of Death <i>Part I. Events (diseases, injuries, or complications) that directly caused the death.</i> IMMEDIATE CAUSE (Final Disease Or Condition Resulting In Death) a. DISSECTING ANEURYSM OF THE THORACIC AORTA WITH CARDIAC TAMPONADE Due To (Or As A Consequence Of): b. Due To (Or As A Consequence Of): c. Due To (Or As A Consequence Of): d. CONDITIONS, IF ANY, LEADING TO CAUSE LISTED ON LINE A. UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LISTED LAST					Approximate Interval: Onset To Death 28 JAN 9:05	
<i>Part II. Other Significant Conditions Contributing To Death But Not Resulting In The Underlying Cause Given In Part I.</i> FOCAL SUBARACHNOID HEMORRHAGE OVER RIGHT PARIETAL LOBE OF BRAIN					29a. Autopsy YES	29b. Autopsy Findings Available To Complete The Cause Of Death YES
30. Did Tobacco Use Contribute To Death? UNKNOWN		31. If Female:			32. Manner Of Death PENDING INVESTIGATION	
33a. Date Of Injury (Month, Day, Year)	33b. Time Of Injury	33c. Injury At Work	33d. How Injury Occurred			
33e. Place Of Injury Location (Street And Number Or Rural Route, City Or Town, State, And Zip Code)						
34a. Date Pronounced Dead (Month, Day, Year) 02/26/2014		34b. Time Pronounced Dead 0720	34c. Actual Or Presumed Time Of Death UNKNOWN		34d. Name Of Person Pronouncing Death	34e. License No.
35a. Pronouncing and Certifying Physician /e/ ALTAF HOSSAIN - MD		35b. License No. 432361	35c. Date Certified 04/25/2014		35d. Address And Zip Code Of Person Completing Cause Of Death 40 S 18TH, KANSAS CITY, KANSAS, 66102	



2014 029859
 CHIEF OF BUREAU
 REORDER
 STATE OF MISSOURI
 FILED FOR RECORD
 MAY 23 AM 9:05

PEGGY HOLINGA RAYONA
 LAKE COUNTY AUDITOR

012870

1300
 38405
 RM E



This is a true and correct copy of the official record on file in the Office of Vital Statistics, Topeka, Kansas, certified on the date stamped below.

2014 APR 28 PM 04:37

Elizabeth W. Saadi

Elizabeth W. Saadi, Ph.D
State Registrar
Office of Vital Statistics
Department of Health & Environment

A06264513

It is in violation of KSA 65-2422d(g) to "prepare or issue any certificate which purports to be an original, certified copy or copy of a certificate of birth, death or fetal death, except as authorized in this act or rules and regulations adopted under this act."

CERTIFIED COPIES WILL BE PRODUCED ON MULTI-COLOR SECURITY PAPER.

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2014 MAY 23 AM 9:05

MICHAEL B. GROWN
RECORDER

2014 029859

