

STANDARD CERTIFICATE OF DEATH

State File No. **20820**

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 4258 Registrar's No. 28

570
3

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

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Edina)		c. CITY (If outside corporate limits, write RURAL and give OR TOWN Edina. (Rural) Burbon 0570)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Gibson Hospital Ambulance Entrance			

3. NAME OF DECEASED (Type or Print)		a. (First) Francis	b. (Middle) Leo	c. (Last) Rourke	4. DATE OF DEATH (Month) (Day) (Year) June - 21 - 1951		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married. U	8. DATE OF BIRTH Sept - 6 - 1888	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months 9 Days 15	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Knox County, Missouri.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME James V. Rourke	13b. MOTHER'S MAIDEN NAME Maggie Mc. Cosgrove	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Charles A. Haley	ADDRESS Edina, Missouri.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Two months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) D.A. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Sept. 19**, 19____, and that death occurred at **11:0** m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Death or title)	23b. ADDRESS Edina, Mo.	23c. DATE SIGNED 6-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U	24b. DATE June-26-1951	24c. NAME OF CEMETERY OR CREMATORY Old Catholic Cemetary	24d. LOCATION (City, town, or county) (State). Edina, Missouri.
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DATE REC'D BY LOCAL REG. June 26 - 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Keith Hudson	ADDRESS Edina Mo
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JUL 16 1951

JUL 12 1951

Date Received: JUL 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 7-57-1172
Date Filed: JUL 3 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Keith Hudson

Signed.....
Student Embalmer

Licensed Embalmer No. *2415*

P. O. Address *Edina, 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.