

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38584

FILED NOV 29 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>St. Francis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE, <u>Missouri</u> b. COUNTY, <u>St. Francis</u>			
b. CITY OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bearsville</u>		d. STREET ADDRESS (If rural, give location) <u>0940</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED a. (First) <u>Mr. Thomas</u>			b. (Middle) _____		c. (Last) <u>O'Rourke</u>		4. DATE OF DEATH (Month) <u>Nov.</u> (Day) <u>14</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 29-1875</u>	9. AGE (In years last birthday) <u>76-7-15</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Union Electric</u>		11. BIRTHPLACE (State or foreign country) <u>Fort Wayne, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Mr. Edward O'Rourke</u>			13b. MOTHER'S MAIDEN NAME <u>Ada Abrams</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Collins Ryan</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>493-05-7026</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mr. Ella Collins Ryan O'Rourke - Bearsville Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemiplegia, Right</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic heart disease</u> <u>Hemiplegia, left side of body</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>20 years</u> <u>20 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>4200</u> (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 <u>November 14, 1951</u> , to <u>November 14, 1951</u> , that I last saw the deceased alive on <u>November 14, 1951</u> , and that death occurred at <u>6:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Jones</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>12 Wood Drive Flat River, Mo.</u>		23c. DATE SIGNED <u>Nov. 16 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov. 17-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Memorial Park</u>		24d. LOCATION (City, town, or county) <u>Bonne Terre</u> (State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alvin W. Hood</u>		ADDRESS <u>303 Grand Flat River Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 26 1951

RECEIVED

JAN 6 1952

Handwritten mark

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
Student Embalmer

Signed *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address *303 Crans St. 2nd Fl.*

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.