

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028100

FILED AS AUG 17 1959

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 4 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rich Hill		Length of stay in 1b 4 yrs.		c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 707 E. Olive St.				d. STREET ADDRESS (If outside, give location) 707 E. Olive St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEWIS Middle WALTER Last O'ROURKE				4. DATE OF DEATH Month August Day 13 Year 1959			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/17/08	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 0 Days 25	IF UNDER 24 HR Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY common labor		11. BIRTHPLACE (City and state or country) Urich, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas O'Rourke		13b. MOTHER'S MAIDEN NAME Elzora Thomas		14. NAME OF HUSBAND OR WIFE Bertha O'Rourke			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 487-12-5160		17. INFORMANT Address Mrs. Bertha O'Rourke-Rich Hill, 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) Myocardial infarction DUE TO (b) Coronary occlusion DUE TO (c) Altho sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obesity + Atrial fibrillation						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 type="checkbox"/>		20a. ACCIDENT <input 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.)		
20c. TIME OF INJURY Hour a.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from July 1958 to Aug 13 1959 and last saw ^{her} him alive on Aug 10 1959 Death occurred at Rich Hill, Mo on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) W. L. Dawson MD				22b. ADDRESS Butler, Mo		22c. DATE SIGNED 8-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 8/18/59	23c. NAME OF CEMETERY OR CREMATORY Urich Cemetery		23d. LOCATION (City, town, or county) Urich, Missouri		(State)
24. FUNERAL DIRECTOR Booth Funeral Serv. Rich Hill, Mo.				25. DATE RECD. BY LOCAL REG. 8-15-59		26. REGISTRAR'S SIGNATURE Mrs. Edna Long Lee	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 20 1959

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 John H. Underwood

Licensed Embalmer No. 358
P. O. Address Butler

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.