

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33351

State File No. ....

NOV 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 542

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thindsor</u> | c. LENGTH OF STAY (in this place) <u>39 years</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thindsor</u> <u>11420</u>                                 |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 E. Benton</u>                                 |   | d. STREET ADDRESS (If rural, give location) <u>103 E. Benton</u>  |  |

|   |             |                                   |   |   |                                      |
|---|-------------|-----------------------------------|---|---|--------------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) <u>ARTHUR EDGAR BOURKE</u>   |             |                                   | 4. DATE OF DEATH. <u>Nov. 1 1951</u>                                  |   |                                      |
| a. (First)  | b. (Middle) | c. (Last)                         | (Month)   | (Day)   | (Year)                               |
| 5. SEX <u>male</u>  |             | 6. COLOR OR RACE <u>White</u>     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> |   | 8. DATE OF BIRTH <u>May 20, 1869</u> |
| 9. AGE (In years last birthday) <u>82</u>   |             | IF UNDER 1 YEAR<br>Months         |   | IF UNDER 2 HRS.<br>Hours Min.                             |                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant-retired</u> |             | 10b. KIND OF BUSINESS OR INDUSTRY |   | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> |                                      |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |             |                                   |   |   |                                      |

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <u>John Bourke</u>                                       | 13b. MOTHER'S MAIDEN NAME <u>Ellen Burns</u> | 14. NAME OF HUSBAND OR WIFE <u>Laura Pease Bourke</u>                                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u>          | 17. INFORMANT'S SIGNATURE OR NAME <u>Bertie Bourke</u> ADDRESS <u>Independence, Mo.</u> |

|  |  |  |                                  |
|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> |  |                                  |
|  | DUE TO (c)   |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |                                  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY? <u>443X</u><br>YES <input type="checkbox"/> NO <input 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) (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 Sept 5, 1951, to Nov 1, 1951, that I last saw the deceased alive on Oct 31, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

|   |   |  |   |
|---|---|--|---|
| 23a. SIGNATURE (Degree or title) <u>H. M. M. M. D.</u>  |   | 23b. ADDRESS <u>Thindsor Mo.</u>   | 23c. DATE SIGNED <u>11-6-51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-5-51</u>                    | 24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak</u>                                   | 24d. LOCATION (City, town, or county) (State) <u>Thindsor, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>Nov-6-51</u>                | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Thindsor Missouri</u> |   |

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

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RECEIVED NOV 13 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 11/13 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Thindsor, Missouri

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.