

FILED AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24215

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5464 Registrar's No. 584A

1390
3

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

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| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR Highway #160, 4 miles East of Ash Grove, Mo. TOWN <u>Ash Grove, Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R. R. #1 Walnut Grove, Mo.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway #160 4 mi east of Ash Grove</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural Route</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>BOURKE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1952</u> |
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| 5. SEX <u>0</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED | 8. DATE OF BIRTH <u>Sept 24, 1908</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 HR. Min. |
|-----------------|-------------------------------|---|---------------------------------------|---|------------------------|----------------------|----------------------|---------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (State or foreign country) <u>Galloway, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>A.</u> |
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| 13a. FATHER'S NAME <u>Thomas Bourke</u> | 13b. MOTHER'S MAIDEN NAME <u>Nora Kane</u> | 14. NAME OF HUSBAND OR WIFE <u>Never Married</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>498-18-5227</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nora Bourke</u> ADDRESS <u>Walnut Grove, Mo.</u> |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic Internal injuries</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Instantaneous</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile Accident</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8234</u> <u>32</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #160 4 miles East Ash Grove</u> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greene Mo.</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14, 1952 9pm.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Filed to make curve at high speed</u> |
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22. I hereby certify that I attended the deceased from 10, to 19, that I last saw the deceased alive on 10, and that death occurred at 9:00p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Homer F. Math</u> (Degree or title) <u>do.</u> | 23b. ADDRESS <u>Ash Grove, Missouri</u> | 23c. DATE SIGNED <u>6-16-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>6-17-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Walnut Grove Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>8-2-52</u> | REGISTRAR'S SIGNATURE <u>Edith Williamson</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Drum - Daniel</u> ADDRESS <u>Ash Grove - Mo</u> |
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AUG 6 1952

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Wayne L. Samuel

Licensed Embalmer No. *4902*

Signed.....
Student Embalmer

P. O. Address *Spk Grove*

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.