

FILED JUN 7 1956

STANDARD CERTIFICATE OF DEATH

State File No. 15694

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 320

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff c. LENGTH OF STAY (In this place) 2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) Dexter, Missouri 1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dr. Hospital		d. STREET ADDRESS (If rural, give location) 205 E. St. Francis	

3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) James c. (Last) O'Rourke		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 4, 1948
9. AGE (In years last birthday) 7		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	11. BIRTHPLACE (City and State or Foreign Country) Sterling, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Robert O'Rourke		13b. MOTHER'S MAIDEN NAME Virginia Norman		14. NAME OF HUSBAND OR WIFE None	
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.		17. INFORMANT'S SIGNATURE OR NAME Robert O'Rourke ADDRESS Dexter, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fall - fracture of cervical spine - brain concussion		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (s) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9029	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 103 45		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 28 56 7p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell from platform on cement base, hit head fracturing neck	

22. I hereby certify that I attended the deceased from **5/27, 1956**, to **5/28, 1956**, that I last saw the deceased alive on **5/28, 1956**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE S. L. Omeau (Degree or title)		23b. ADDRESS M. W. O. 907 N. Walnut Dexter, Mo.		23c. DATE SIGNED 5/28/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/31/56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Sterling, Ill.	
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DATE REC'D BY LOCAL REG. 5/31/56		REGISTRAR'S SIGNATURE R. J. Muehler		25. FUNERAL DIRECTOR'S SIGNATURE Ray St. Rainey ADDRESS Dexter, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUN 4 1956
BUTLER CO. HEALTH CENTER
FILE No. _____

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 Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Depton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.