

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33039**

FILED NOV 15 1956

BIRTH NO. **67703-56** REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **223**

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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a-STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	c. LENGTH OF STAY (in this place) 38 days	c. CITY OR TOWN Mexico	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		e. STREET ADDRESS (If rural, give location) 622 West Monroe	

3. NAME OF DECEASED (Type or Print)	a. (First) Catherine	b. (Middle) Ann	c. (Last) O'Rourke	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1956
-------------------------------------	-----------------------------	------------------------	---------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child	8. DATE OF BIRTH Oct. 2, 1956	9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 1 Days 8 IF UNDER 1 HRS. Hours Min.
----------------------	-------------------------------	---	--------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Mexico, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Charles O'Rourke	13b. MOTHER'S MAIDEN NAME Jo Anne Wright	14. NAME OF HUSBAND OR WIFE Child
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Charles O'Rourke ADDRESS Mexico, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital malformations of digestive system, cardiovascular		INTERVAL BETWEEN ONSET AND DEATH 1 month
	ANTECEDENT CAUSES DUE TO (b) Septic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) Congenital dysplasia hip, cranium Conditions contributing to the death but not related to the disease or condition causing death. Congenital equine vovus		

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) (COUNTY) (STATE) 7562
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **Oct 2, 1956**, to **Nov 10, 1956**, that I last saw the deceased alive on **Nov 10, 1956**, and that death occurred at **7:52** m., from the causes and on the date stated above.

23a. SIGNATURE Ernest S Gault (Degree or title) MD	23b. ADDRESS Mexico, Mo	23c. DATE SIGNED 11-12-56
--	--------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-12-1956	24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	24d. LOCATION (City, town, or county) (State) Mexico, Missouri
---	-----------------------------	---	---

DATE REC'D BY LOCAL REG. Nov 12-1956	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home ADDRESS Mexico, Mo.
---	--	--

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4655

P. O. Address *Weymouth, Mass.*

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.