

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28208**
3439

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3439

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City, | |
| c. LENGTH OF STAY (In this place) 7 YRS. | | d. STREET ADDRESS (If rural, give location) 3404 Agnes | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3101 Agnes | | | |

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|---|----------------------------------|--|---|--|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Branham c. (Last) O'Rourke | | | 4. DATE OF DEATH (Month) (Day) (Year) 7 29 52 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 12-20-1860 | 9. AGE (In years: last birthday) 91 | IF UNDER 1 YEAR: Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) NEBRASKA | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME PATRICK D. CORRIGAN | 13b. MOTHER'S MAIDEN NAME ELIZABETH NOLAN | 14. NAME OF HUSBAND OR WIFE GEO. M. O'ROURKE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. F. J. SCHMITZ 3404 AGNES K.C. MO. |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ascending pyelitis on chronic prostatitis - heart disease ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) hypertension DUE TO (c) terminal pneumonia | | INTERVAL BETWEEN ONSET AND DEATH 4 days 7 yrs 1 day |
| | | II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | 443X |

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| 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **November 22, 1946**, to **July 29, 1952**, that I last saw the deceased alive on **July 29, 1952**, and that death occurred at **4 P. M.**, from the causes and on the date stated above.

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| 23a. SIGNATURE R. Paul Wright | (Degree or title) M.D. | 23b. ADDRESS 1324 Prof. Bldg | 23c. DATE SIGNED July 30, 52 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 8/1/52 | 24c. NAME OF CEMETERY OR CREMATORY St. Joseph | 24d. LOCATION (City, town, or county) (State) Missouri |
| DATE REC'D BY LOCAL REG. 7-31-52 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eylar Funeral Home | |

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

Catherine Bramham O'ROURKE
Physician: Paul Wright
Prof. Bldg.

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 Allen E. Heck

Licensed Embalmer No. 4063

P. O. Address Kansas City, Mo.

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.