

FILED JUL 12 1957

STANDARD CERTIFICATE OF DEATH

57-021-513
State File No. 275

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 4237 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Raytown</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Raytown</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9405 E. 65th. Terr.</u>		STREET ADDRESS (If rural, give location) <u>9405 E. 65th. Terr.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliza Bell</u>	b. (Middle)	c. (Last) <u>O'Rourke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 29, 1875</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Cedar City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>John Alexander Nichols</u>	13b. MOTHER'S MAIDEN NAME <u>Harriette Carrington</u>	14. NAME OF HUSBAND OR WIFE <u>Ed O'Rourke</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>496-16-7097</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Anna Bell Boardman 9405 E. 65 Terr.</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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive pulmonary hemorrhage</u>		<u>5 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Rupture of a large artery disease</u> DUE TO (c) <u>Hypertensive Cardiovascular</u>		<u>5 minutes</u> <u>8 years</u>
II. OTHER SIGNIFICANT CONDITIONS *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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>443X</u>
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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?
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22. I hereby certify that I attended the deceased from 26 Sept., 1949, to 1 July, 1957 that I last saw the deceased alive on 25 June, 1957, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jack M. Davis M.D.</u>	23b. ADDRESS <u>Raytown Mo</u>	23c. DATE SIGNED <u>1 July 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 3, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>7-3-57</u>	REGISTRAR'S SIGNATURE <u>James [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earp & Sons Funeral Home 4139 Truman Road</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUL 1 0 1957

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 *William K. Camp*

Licensed Embalmer No. *4728*

P. O. Address *K C M*

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.