

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-032632**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 409

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB AMENDED

VS 300  
Rev. 4/59

10499

20499

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |                           |   |  |  |  |
|---|---------------------------|---|--|--|--|
| <b>FILED AUG 26 1963</b>  |                           | 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Joplin</u>  |                           | Length of stay in 1b<br><u>40 yrs</u>   |  | c. CITY OR TOWN <u>Joplin</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>  |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>1617 Virginia Ave.</u><br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>WAYNE</u> Middle _____ Last <u>O'ROURKE</u>   |                           |   | 4. DATE OF DEATH<br>Month <u>August</u> Day <u>15</u> Year <u>1963</u> |  |  |
| 5. SEX <u>M</u>   | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>10-16-1902</u>                                     | 9. AGE (last birthday) <u>60</u>   | IF UNDER 1 YEAR<br>Months _____ Days _____ Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Chef</u>  |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Hotel</u>   |  | 11. BIRTHPLACE (City and state or country)<br><u>Monett, Missouri</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>   |                           | 13a. FATHER'S NAME<br><u>James O'Rourke</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Josephine Freeman</u>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><u>-----</u>   |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>                                    |  |  |  |
| 16. SOCIAL SECURITY NO. _____   |                           | 17. INFORMANT <u>Sis-</u><br>Address<br><u>Miss Bonnie O'Rourke, 1614 Virginia Ave.</u>   |  |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma, squamous cell type</u>   |                           |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 month</u>   |
| DUE TO (b) <u>of the right lung</u>   |                           |   |  |  |  |
| DUE TO (c) _____  |                           |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal cause of death<br><u>Arteriosclerotic coronary artery disease (over two years duration)</u>   |                           |   |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   |                           | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.   |                           | Month, Day, Year _____  |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                           | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION<br>COUNTY _____ STATE _____   |  |
| 21. I attended the deceased from <u>8-11-63</u> to <u>8-15-63</u> and last saw <sup>her</sup> him alive on <u>8-15-63</u><br>Death occurred at <u>11:20 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |                           |   |  |  |  |
| 22a. SIGNATURE<br><u>B. E. Parker, Jr. M.D.</u> (Degree or title)   |                           |   | 22b. ADDRESS<br><u>DeTar Clinic, 410 Jackson, Joplin, Mo.</u>          |  | 22c. DATE SIGNED<br><u>8-16-63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                           | 23b. DATE<br><u>8-17-1963</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Forest Park Cemetery, Joplin, Missouri</u>  |  |
| 23d. LOCATION (City, town, or county)<br><u>Joplin, Missouri</u>  |                           | 24. FUNERAL DIRECTOR<br><u>STEVE PARKER MORTUARY, JOPLIN, MISSOURI</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>8-19-1963</u>   |  |
| 26. REGISTRAR'S SIGNATURE<br><u>Dorie Merriam</u>   |                           |   |  |  |  |

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert A. York

Licensed Embalmer No. 5193

P. O. Address Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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