

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH SERVICES

104-75-316910

CERTIFICATE OF LIVE BIRTH

8009 23500

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA-DEPARTMENT OF HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1a. NAME OF CHILD—FIRST NAME Heather		1b. MIDDLE NAME Michele		1c. LAST NAME O'Rourke	
	2. SEX Female	3a. THIS BIRTH—SINGLE TWIN Single	3b. IF TWIN OR TRIPLET THIS CHILD BORN 1ST 2ND 3RD?		4a. DATE OF BIRTH—MONTH DAY, YEAR December 27, 1975	4b. HOUR 12:28 A
PLACE OF BIRTH	5a. PLACE OF BIRTH—NAME OF HOSPITAL Kaiser Foundation Hospital			5b. STREET ADDRESS—STREET, BOX NUMBER, OR LOCATION 4647 Zion Avenue		5c. MAKE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes
	5d. CITY OR TOWN San Diego 92120			5e. COUNTY San Diego		
MOTHER OF CHILD	6a. MAIDEN NAME OF MOTHER—FIRST NAME Kathleen		6b. MIDDLE NAME Christine		6c. LAST NAME (MAIDEN SURNAME) Rasmussen	
	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 25 YEARS	9a. SOCIAL SECURITY NUMBER OF MOTHER	9. COLOR OR RACE OF MOTHER White	10a. RESIDENCE OF MOTHER—STREET ADDRESS—STREET AND BOX NUMBER, ADDRESS OR LOCATION 9316 Stover Drive		10b. MAKE CITY CORPORATE LIMITS (SPECIFY YES OR NO) No
	10c. RESIDENCE OF MOTHER—CITY OR TOWN Santee 92071			10d. RESIDENCE OF MOTHER—COUNTY San Diego		10e. RESIDENCE OF MOTHER—STATE California
FATHER OF CHILD	11a. NAME OF FATHER—FIRST NAME Michael		11b. MIDDLE NAME Roy		11c. LAST NAME O'Rourke	
	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 28 YEARS	13a. SOCIAL SECURITY NUMBER OF FATHER	14. COLOR OR RACE OF FATHER White	15a. PRESENT OR LAST OCCUPATION Carpenter		15b. KIND OF INDUSTRY OR BUSINESS Steelform
INFORMANT'S CERTIFICATION	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Kathleen C. O'Rourke</i>				16b. DATE REVIEWED AND SIGNED BY INFORMANT December 28, 1975	
ATTENDANT'S CERTIFICATION	17a. PHYSICIAN OR OTHER PERSON WHO ATTENDED THIS BIRTH—SIGNATURE—DEGREE OR TITLE <i>Kenneth W. Meinert, M.D.</i>				17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT December 27, 1975	
	17c. ADDRESS Kenneth W. Meinert, M.D. 4647 Zion Ave., San Diego, CA 92120				17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER C-16342	
LOCAL REGISTRAR	18. D88-032027 2-1-88		19. LOCAL REGISTRAR—SIGNATURE <i>Ronald L. Ramsey, M.D.</i>		20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR JAN 9 1976	

DECLASED



STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

88-032027

CERTIFICATE OF DEATH
STATE OF CALIFORNIA

38837 801178

1A. NAME OF DECEDENT—FIRST Heather			1B. MIDDLE Michelle			1C. LAST O'Rourke			2A. DATE OF DEATH MONTH DAY YEAR February 1, 1988			2B. HOUR 1443											
2. SEX Female		4. RACE/ETHNICITY Caucasian		5. SPANISH/SPANISH NO		6. DATE OF BIRTH December 27, 1975			7. AGE 12 YEARS		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HOURS HOURS MINUTES										
8. BIRTHPLACE OF DECEDENT (STATE OR FOREIGN COUNTRY) California			9. NAME AND BIRTHPLACE OF FATHER Michael O'Rourke CA.						10. BIRTH NAME AND BIRTHPLACE OF MOTHER Kathleen Rasmussen WI.														
11A. CITIZEN OF WHAT COUNTRY USA		11B. IF DECEDENT WAS EVER IN MILITARY GIVE DATES OF SERVICE 19 NO TO 19 NO		12. SOCIAL SECURITY NUMBER [REDACTED]			13. MARITAL STATUS Never Married		14. NAME OF SURVIVING SPOUSE (IF WIFE, ENTER BIRTH NAME)														
15. PRIMARY OCCUPATION 1347 Actress			16. NUMBER OF YEARS THIS OCCUPATION 7			17. EMPLOYER (IF SELF-EMPLOYED, SO STATE) MGM Studios			18. KIND OF INDUSTRY OR BUSINESS Movie														
19A. USUAL RESIDENCE—STREET ADDRESS (STREET AND NUMBER OR LOCATION) 9727 Channel Rd.						19B. CITY OR TOWN Lakeside			20. NAME AND ADDRESS OF INFORMANT—RELATIONSHIP Kathleen O'Rourke Peele Mother 9727 Channel Rd. Lakeside, Ca. 92040														
21A. PLACE OF DEATH Childrens Hospital			21B. COUNTY San Diego			21C. STREET ADDRESS (STREET AND NUMBER OR LOCATION) 8001 Frost St.			21D. CITY OR TOWN San Diego														
22. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) IMMEDIATE CAUSE												24. WAS DEATH REPORTED TO CORONER? Yes 2-012											
CONDITIONS, IF ANY, WHICH GAVE RISE TO THE IMMEDIATE CAUSE, STATING THE UNDERLYING CAUSE LAST.												25. WASopsy PERFORMED? Yes											
23. OTHER SIGNIFICANT CONDITIONS—CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 22A 95 stenosis of small intestine												26. WAS AUTOPSY PERFORMED? No											
27A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			27B. PHYSICIAN—SIGNATURE AND DEGREE OR TITLE H. Michael Worthen			27C. DATE SIGNED 2/2/88			27D. PHYSICIAN'S LICENSE NUMBER G047955														
28A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.			28B. TYPE PHYSICIAN'S NAME AND ADDRESS H. Michael Worthen, M.D. San Diego, CA 92123			28C. DATE SIGNED 2/1/88			28D. PHYSICIAN'S LICENSE NUMBER G047955														
29. SPECIFY ACCIDENT, SUICIDE, ETC.			30. PLACE OF INJURY			31. INJURY AT WORK			32A. DATE OF INJURY—MONTH DAY YEAR			32B. HOUR											
33. LOCATION (STREET AND NUMBER OR LOCATION AND CITY OR TOWN)						34. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)																	
35A. I CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. AS REQUIRED BY LAW I HAVE HELD AN INQUIRY- INVESTIGATION						35B. CORONER—SIGNATURE AND DEGREE OR TITLE			35C. DATE SIGNED														
36. DISPOSITION Entombment		37. DATE—MONTH DAY YEAR Feb. 5, 1988		38. NAME AND ADDRESS OF CEMETERY OR CREMATORY Westwood Memorial Park 1218 Glendon Ave. Los Angeles, Ca.				39. SMALLER'S LICENSE NUMBER AND SIGNATURE 6984 Claudia Lauterjung by Teresa Brattley contact															
40A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) Lakeside-Santee Funeral Chapel			40B. LICENSE NO. F-997			41. LOCAL REGISTRAR'S SIGNATURE Ronald S. Ramez, M.D.			42. DATE ACCEPTED BY LOCAL REGISTRAR FEB 03 1988														
STATE REGISTRAR												A		B		C		D		E		F	

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This is to certify that this document is a true copy of the official record filed with the Office of Vital Records.

Michael L. Rodrian
MICHAEL L. RODRIAN
STATE REGISTRAR OF VITAL RECORDS

99 OCT -1 PM 3: 55

DATE ISSUED

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

