

5. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35434

State File No. _____

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5322 Registrar's No. 26-1953

0280
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY OR TOWN <u>Leasburg (Benton)</u>	c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN <u>Leasburg, Mo. (Benton)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Approx. 4 mi. SW. of Leasburg Mo. 1</u>		d. STREET ADDRESS <u>Approx 4 mi. SW. of Leasburg Mo. 1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Malachuk</u> c. (Last) <u>O'Fallon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Aug. 24, 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>Leasburg Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Malachuk O'Fallon</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Coffey</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Katie O'Fallon</u>	ADDRESS <u>Rt. 1 Leasburg Mo.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephritis</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Leasburg Mo. Crawford Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR _____
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22. I hereby certify that I attended the deceased from Oct. 5, 1953 to Nov. 2, 1953, that I last saw the deceased alive on Nov. 14, 1953, and that death occurred at 11:17 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. F. Durbin, M.D.</u>	23b. ADDRESS <u>Barbours, Mo.</u>	23c. DATE SIGNED <u>11-3-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-4-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Leasburg Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-4-1953</u>	REGISTRAR'S SIGNATURE <u>Paul A. Shambaugh</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shambaugh</u>	ADDRESS <u>Leasburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Paul A. Shaub*

Licensed Embalmer No. *3472*

P. O. Address *Luha, 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.