# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 9 1959

59-031857

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4152 Registrar's No. 25-1959

**1. PLACE OF DEATH**
a. COUNTY: Crawford
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Leasburg
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Old Miller Hotel
Inside Limits: Yes ☐ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN: Leasburg
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☑

**3. NAME OF DECEASED** (Type or print): First: Peter Middle: J. Last: O'Fallon

**4. DATE OF DEATH**: Month: Sept. Day: 27 Year: 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Mar. 23 1884
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months: 6 Days: 4
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Steel Worker
10b. KIND OF BUSINESS OR INDUSTRY: Steel Plant
11. BIRTHPLACE (City and state or country): Leasburg, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Malachy O'Fallon
13b. MOTHER'S MAIDEN NAME: Mary Coffee
14. NAME OF HUSBAND OR WIFE: Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 307-05-6867
17. INFORMANT: John M. O'Fallon Address: 108 West 1st St. Hart Ford, Ill

**MEDICAL CERTIFICATION**

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: M.M.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Never saw Him. and last saw her/him alive on
Death occurred at Approx 1200 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Gordon W. Duffel (Degree or title) MD
22b. ADDRESS: Bourbon Mo
22c. DATE SIGNED: 29 Sept 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-29-1959
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State): Leasburg Missouri

24. FUNERAL DIRECTOR: Paul A. Shantlin ADDRESS: Cuba, Mo.
25. DATE RECD. BY LOCAL REG.: 9-29-1959
26. REGISTRAR'S SIGNATURE: Paul A. Shantlin

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 13 1953

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3472

P. O. Address Cuba, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.