

S. No. 300
v. 10-48

FILED MAY 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17014

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4245 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Orange Jasper</u>		c. LENGTH OF STAY (in this place) <u>40 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0490</u>		d. STREET ADDRESS (If rural, give location) <u>Oronogo, Rt. # 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Oronogo, Rt. # 1</u>			d. STREET ADDRESS (If rural, give location) <u>Oronogo, Rt. # 1</u>		

3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>M</u> c. (Last) <u>Fallon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1952</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>Widowed</u>	8. DATE OF BIRTH <u>April 24, 1866</u>		9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR <u>0</u>	11. UNDER 10 HRS. <u>20</u>	12. UNDER 24 HRS. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Moore's, New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Wm. John Fallon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Maneice</u>		14. NAME OF HUSBAND OR WIFE	
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Abe Fallon, Rt. # 1, Oronogo, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES <u>Chronic Myocarditis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Failure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 Hrs.</u> <u>Yrs.</u>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4 2 2 3</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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?	

22. I hereby certify that I attended the deceased from 6/10, 1949, to 5/22, 1952, that I last saw the deceased alive on 5/22, 1952, and that death occurred at 6:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William R. Wiley D.O.</u>		23b. ADDRESS <u>Alba, Missouri</u>		23c. DATE SIGNED <u>5-22-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 24, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Weaver Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo. (7. of)</u>		
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DATE REC'D BY LOCAL REG. <u>5-24-1952</u>		REGISTRAR'S SIGNATURE <u>Mr. Madeline Switzer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo. Mortuary</u>	
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(Licensed Embellisher's Statement on Reverse Side)

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

490

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RECEIVED 5-26-52
Jasper County Health Office

County File Number 52/5/394

Date Filed 5-26-52

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

Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.