

New York State Department of Health

44957

OFFICE OF VITAL RECORDS

Dist. No. 5195
To be inserted by registrar

CERTIFICATE OF DEATH

Registered No. 254

1. PLACE OF DEATH: STATE OF NEW YORK a. COUNTY <u>Suffolk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New York</u>	
b. TOWN <u>Smithtown</u>		b. COUNTY <u>Nassau</u>	
c. CITY OR VILLAGE <u>Kings Park</u>		c. TOWN <u>Hicksville</u>	
d. NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kings Park State Hospital</u>		d. CITY OR VILLAGE <u>Hicksville</u>	
3. NAME OF DECEASED (Type or Print) <u>CHARLES FALLON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 10 1960</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. IF MARRIED, WIDOWED OR DIVORCED, Name of Husband (or) Wife <u>Harriette (Unknown)</u>	
9. DATE OF BIRTH <u>2/7/1981</u>		10. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>79</u> Months Days Hours Min.	
11. BIRTHPLACE (State or foreign country) <u>New York</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Watchman</u>		13b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
14. FATHER'S NAME <u>John Fallon</u>		15. MOTHER'S MAIDEN NAME <u>Bridgette (Unknown)</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		17. SOCIAL SECURITY NO. <u>113-09-0459</u>	
18. INFORMANT'S NAME <u>H. Suburcen</u>		ADDRESS <u>Kings Park, N.Y.</u>	
19. CAUSE OF DEATH (Enter only one cause on a line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u> Conditions, if any, which gave rise to above immediate cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) <u>4/2/1</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u> <u>10 yrs. +</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(a) <u>Psychosis with Disturbance of Circulation: Thrombosis</u>			20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 19.)	
21c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
21d. INJURY OCCURRED While at <input type="checkbox"/> Not While <input type="checkbox"/> Work at Work		21e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21f. WHERE DID INJURY OCCUR?		City or town County State	
22 I hereby certify that I attended the deceased from <u>12/24/1959</u> to <u>6/10/1960</u> , that I last saw the deceased alive on <u>6/10/1960</u> , and that death occurred at <u>12:50 P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. J. P. [Signature]</u>		23b. ADDRESS <u>Kings Park, New York</u>	
23c. DATE SIGNED <u>6/10/1960</u>			
24a. PLACE OF BURIAL, CREMATION OR REMOVAL <u>CALVARY CEM. LONG ISLAND CITY N.Y.</u>		24b. DATE <u>JUNE 14 1960</u>	
24c. ADDRESS OF UNDERTAKER <u>50 NEWBRIDGE RD. HICKSVILLE NY C3276</u>		24d. SIGNATURE OF UNDERTAKER <u>Thomas F. Dalton</u>	
25a. SIGNATURE OF REGISTRAR <u>M. P. [Signature]</u>		25b. DATE FILED BY LOCAL REG. <u>June 10, 1960</u>	
25c. SIGNATURE OF REGISTRAR <u>M. P. [Signature]</u>		25d. DATE OF ISSUE <u>June 10, 1960</u>	

MEDICAL CERTIFICATION

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