

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7104

State File No.

FILED FEB 21 1952

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6243 Registrar's No. 13

1100
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>WASHINGTON</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>WASHINGTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi Rural Liberty</u>		c. LENGTH OF STAY (In this place) <u>life</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Potosi</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1, Potosi</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Anthony</u> c. (Last) <u>Pashia</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 18 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>married</u>	8. DATE OF BIRTH <u>1-19-1883</u>	9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR <u>0</u>	11. UNDER 1 YEAR <u>29</u>	12. UNDER 1 YEAR <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>own farm</u>	11. BIRTHPLACE (State or foreign country) <u>Old Mines, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Pashia</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Thebeau</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Pashia</u>
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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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Emma Pashia, Potosi, RT 1, Mo</u>	ADDRESS
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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, exhaustion, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>lobar pneumonia following cerebral thrombosis 3/12/52</u>		INTERVAL BETWEEN ONSET AND DEATH
	b. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Following thrombosis cerebral 4 1/2 months previous</u>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>352X</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., home, farm, factory, street, office building, etc.)	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)
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21d. TIME OF INJURY	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 10/1, 1948, to 2/18, 1952, that I last saw the deceased alive on 2/16, 1952, and that death occurred at 8:23A m., from the causes and on the date stated above.

23. SIGNATURE <u>Dr. Kenneth W. Potosi Mo</u>	23b. ADDRESS	23c. DATE SIGNED <u>2/19/52</u>
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24. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-20-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joachims. Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines. Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/19/52</u>	REGISTRAR'S SIGNATURE <u>Arburt Kudall</u>	25. FURNERAL DIRECTOR'S SIGNATURE <u>SMITH & HIGGINBOTHAM, F.H. POTOSI, MO</u>	ADDRESS
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RECEIVED

FEB 19 1961

WASH. COUNTY HEALTH DEPT.

File No. 252-293

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Mary M. Smith

Signed.....
Student Embalmer

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.