

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34851**

**FILED** OCT 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 4234 Registrar's No. 40

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Iron</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> COUNTY <u>Iron</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u>   |  | c. LENGTH OF STAY (in this place) <u>2 da.</u>  |  |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Arcadia Township</u>   |  | d. STREET ADDRESS (If rural, give location) <u>3 miles west of Hogan</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>  |  |   |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>   |  | b. (Middle) <u>PAPPAS</u>   |  |
| c. (Last) <u>PAPPAS</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 4 1952</u>  |  |
| 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>Oct. 26 1887</u>   |
| 9. AGE (in years less birthday) <u>64</u>   | IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>   | IF UNDER 24 HRS. Hours <u>8</u> Mins. _____   |  |
| 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>live stock</u>  | 11. BIRTHPLACE (State or foreign country) <u>Greece</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |
| 13a. FATHER'S NAME <u>George Pappas</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Tula Vagianas</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>Mary Pappas</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>   |  | 16. SOCIAL SECURITY NO. _____   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Pappas, Glover Mo.</u>   |  | ADDRESS _____   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Parasitosis of stomach + intestinal</u>   |  | MEDICAL CERTIFICATION   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Parasitosis of stomach + intestinal</u>   |  | INTERVAL BETWEEN ONSET AND DEATH <u>?</u>   |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.   |  | ANTECEDENT CAUSES   |  |
| Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Unknown</u>  |  |   |  |
| DUE TO (c) _____  |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS* _____   |  |   |  |
| Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  |
| 19a. DATE OF OPERATION <u>None</u>  | 19b. MAJOR FINDINGS OF OPERATION <u>None</u>   |   | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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) _____   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>151X</u>  |  |
| 22. I hereby certify that I attended the deceased from <u>Oct 1</u> , 19 <u>52</u> , to <u>Oct 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-4</u> , 19 <u>52</u> , and that death occurred at <u>2 a.m.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>George Pappas M.D.</u>  |  | 23b. ADDRESS <u>Ironton Mo.</u>   | 23c. DATE SIGNED <u>10-4-52</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 24b. DATE <u>10-6-52</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews Cem.</u>   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>               |
| DATE REC'D BY LOCAL REG. <u>10-15-52</u>  | REGISTRAR'S SIGNATURE <u>Mrs. Ann Jones</u>  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>  | ADDRESS <u>Ironton Mo.</u>   |

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Quincy White

Licensed Embalmer No. 3012

P. O. Address Hamilton Ill.

**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.