

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED MAR 16 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5591 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>JEFF. 0500</u>	
b. CITY OR TOWN <u>De Soto RURAL (CENTRAL)</u>		c. CITY OR TOWN <u>De Soto Rural</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Highway #21 N. of De Soto</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3 mi. N. of De Soto</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Leslie</u> b. (Middle) <u>Robert</u> c. (Last) <u>Pashia</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 26 1955</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Oct 27, 1953</u>	9. AGE (In years last birthday) <u>1</u>	10. MONTHS <u>3</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>De Soto Mo. U</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>LESLIE PASHIA</u>	13b. MOTHER'S MAIDEN NAME <u>Corinne Rulo</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Pashia</u> ADDRESS <u>De Soto RURAL</u>

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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchio-pneumonia</u>		6 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. purulent Bronchitis</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	19b. MAJOR FINDINGS OF OPERATION	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?

22. I hereby certify that I attended the deceased from Oct 7, 1953, to Feb 26, 1955, that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 12 NOON from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. V. J. ...</u>	23b. ADDRESS <u>De Soto Mo</u>	23c. DATE SIGNED <u>Mar 1 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar 1 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GOOD SHEPHERD</u>
24d. LOCATION (City, town, or county) (State) <u>HILLSBORO Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Donnell ... De Soto Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-4-55</u>	REGISTRAR'S SIGNATURE <u>Kathleen ...</u>	141-0

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 9 1958

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.....  
Signature of Student Embalmer

Signed *David B. Dittus*

Licensed Embalmer No. *4104*

P. O. Address *St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.