1/47
17-39

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

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 44067

Registration District No. 3-6 FILED DEC 30 1947

Primary Registration District No. 624

Registrar's No.

1. PLACE OF DEATH:
(a) County: Washington
(b) City or town: Old Mines
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether years, months or days)
In this community: 3 DAYS.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: JEFFERSON 5 0 2
(c) City or town: DE SOTO Mo. 2
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JAMES H PASHIA.
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: M D
5. Color or race: W.
6. (a) Single, widowed, married, divorced: WIDOWED
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: MAY (Month) 19 (Day) 1876 (Year)

8. AGE: Years 71 Months 6 Days 10 If less than one day hr. min.

9. Birthplace: OLD MINES (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: LABORER.
11. Industry or business:
FATHER 12. Name: ZEMO PASHIA
13. Birthplace: OLD MINES (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name: LUCY FLYNN
15. Birthplace: OLD MINES (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: ALFRED PASHIA
(b) Address: CADET Mo R1
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation: OLD MINES.
18. (a) Signature of funeral director: Boyer Funeral Home
(b) Address: TOTOS. Mo.
19. (a) Dec 15 47 (Date received local registrar) (b) Mrs G F Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 29 year 1947 hour 12 minute 30 P.M.
21. I hereby certify that I attended the deceased from to 19 that I last saw him alive on 19 and that death occurred on the date and hour stated above.
Did not Attend

	Duration
Immediate cause of death: Thrombosis	
Due to: Coronary	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: NA	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: E F Cresswell (M. D. or other)
Address: Potosi, Mo Date signed 12/1/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Health Officer No. 4

File Number 12-4-7-16

12-29

DEC 30 1947

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 Howard Higgumbotham, Registered Apprentice No. 53, working under my personal supervision.

Signed C. H. Boyer

Licensed Embalmer No. 4158

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.