

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3876

FILED JAN 19 1949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY OR TOWN <u>Cadet R#1 Union</u>		c. CITY OR TOWN <u>Cadet Rural Union</u>	
c. LENGTH OF STAY (In this place) <u>81 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Pashia</u>	c. (Last) <u>Pashia</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1949</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>March 9, 1878</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>29</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH</u>	10b. KIND OF BUSINESS (OR INDUSTRY)	11. BIRTHPLACE (State or foreign country) <u>Old Mines</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>ZEMO Pashia</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy FLYNN</u>	14. NAME OF HUSBAND OR WIFE <u>SUSAN Pashia</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susan Pashia</u> ADDRESS <u>Cadet, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardio-vascular renal disease</u> DUE TO (c) <u>Arteriosclerosis</u>		
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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 6/1, 1948 to 1/8, 1949 that I last saw the deceased alive on 1/6, 1949, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed. J. Walker</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>1-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, '49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Mines Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/10/49</u>	REGISTRAR'S SIGNATURE <u>Arbuck Eudella Boyer</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Arbuck Eudella Boyer</u> ADDRESS <u>Funeral Home, Potosi, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Health Officer No. 4

File Number 149-111

Date Filed 1-18-49

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.

Signed Howard Ziggisbotham

Signed.....
Student Embalmer

Licensed Embalmer No. 4578

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.