

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31849

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 7949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7949	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY ADAMS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. LENGTH OF STAY (in this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN QUINCY		9120	
d. FULL NAME OF HOSPITAL OR INSTITUTION ENROUTE TO CITY HOSPITAL				d. STREET ADDRESS (If rural, give location) 523 N. 24th			
3. NAME OF DECEASED (Type or Print) a. (First) NICHOLAS		b. (Middle) G		c. (Last) PALOS		4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1950	
5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /		8. DATE OF BIRTH June 15, 1896		9. AGE (In years last birthday) Months Days Hours Min. 54 3 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTURANT OWNER		10b. KIND OF BUSINESS OR INDUSTRY RESTURANT		11. BIRTHPLACE (State or foreign country) - GREECE 6		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME CONSTANTINE PALOS		13b. MOTHER'S MAIDEN NAME SOFIA LALOUICIS		14. NAME OF HUSBAND OR WIFE VIOLA PALOS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VIOLA PALOS * 523 N 24th Quincy, Illinois			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Occlusion DUE TO (c) Coronary Sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 4201			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1215A.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Patrick E. Taylor, Coroner				23b. ADDRESS 1300 Pearl		23c. DATE SIGNED 9.20.50	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 5		24b. DATE Sept 20, 1950		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Quincy, Illinois	
DATE REC'D BY LOCAL REG. SEP 20 1950		REGISTRAR'S SIGNATURE J.B. Karater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McLAUGHLIN FUNERAL HOME, INC. 2301 Lafayette			

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

OCT 20 1950

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 R. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.