

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22465**

DECEASED **JUL 8 - 1953**

REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **5945** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Washington	
b. CITY (If outside corporate limits, write RURAL and give township) Rural 5945		c. CITY (If outside corporate limits, write RURAL and give township) Rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Winchale nursing home			
3. NAME OF DECEASED (Type or Print) Susan	a. (First)	b. (Middle) Mary	c. (Last) Pashia
4. DATE OF DEATH (Month) (Day) (Year) 6 29 1953	5. SEX F		6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-23-1881		9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 mos.: Days) (Hours) (Min.) 71 10 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Joseph Bequette	13b. MOTHER'S MAIDEN NAME Rosa Coleman	14. NAME OF HUSBAND OR WIFE William Pashia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 2	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Agnew Old Mines, Mo.

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 10 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene, right buttock		1 year.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 260X		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 **6-20, 1953** to **6-28, 1953** that I last saw the deceased alive on **6-28, 1953** and that death occurred at **6 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ben M. Bull, M.D.	23b. ADDRESS Newton, Mo.	23c. DATE SIGNED 6-29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-1-1953	24c. NAME OF CEMETERY OR CREMATORY St. Joachims Cemetery	24d. LOCATION (City, town, or county) (State) Old Mines, Missouri
DATE REC'D BY LOCAL REG. 7-1-1953	REGISTRAR'S SIGNATURE Ruth B. Powell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Smith Funeral Home Potosi, Mo	

(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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.