

FILED SEP 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31115

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CAMDEN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osage - Beach Div 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WALLACE HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>Iris Park-Resort</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leopodi</u> b. (Middle) <u>PALOSIN</u> c. (Last) <u>PALOSIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept-21 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>26 Nov-1897</u>
9. AGE (In years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILORE</u>	11. BIRTHPLACE (State or foreign country) <u>HUNGARY</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TAILORE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Leopodi-PALOSIN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA-PALOSIN</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>Isabella-PALOSIN</u> ADDRESS <u>Osage Beach</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u> 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.	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>NONE</u>	
22. I hereby certify that I attended the deceased from <u>9-19 1954</u> to <u>9-21 1954</u> , that I last saw the deceased alive on <u>9-21 1954</u> , and that death occurred at <u>10:00 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Cunningham</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lebanon - Mo.</u>	23c. DATE SIGNED <u>22 Sept 54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal - Burial</u>	24b. DATE <u>20 Sept 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St-Joseph</u>	24d. LOCATION (City, town, or county) (State) <u>Cincinnati - Ohio</u>
DATE REC'D BY LOCAL REG. <u>9-22-1954</u>	REGISTRAR'S SIGNATURE <u>Isabella L. May</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McRay</u>	ADDRESS <u>ELDON Mo</u>

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

05 22 2

SEP 29 1954

Received SEP 25 1954
Laclede County Health Unit
File No. 9-54-153
Date Filed SEP 28 1954

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 Keith M. Fays
Licensed Embalmer No. 3998
P. O. Address Eldon 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.