

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICS

60191

FLORIDA

CERTIFICATE OF DEATH. M78 Pa 28687

STATE FILE NO.

DECEASED—NAME 1 LEONA		MIDDLE		LAST		SEX Female	DATE OF DEATH (MONTH, DAY, YEAR) October 2, 1978
RACE (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) 64	UNDER 1 YEAR MONTHS 03	UNDER 1 DAY HOURS 00	DATE OF BIRTH (MONTH, DAY, YEAR) July 18, 1914	COUNTY OF DEATH Pinellas	
CITY, TOWN, OR LOCATION OF DEATH St Petersburg		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St Anthony's Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Ohio		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Birt Torchio	
SOCIAL SECURITY NUMBER 3565		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife		KIND OF BUSINESS OR INDUSTRY Home			
RESIDENCE—STATE Florida	COUNTY Pinellas	CITY, TOWN, OR LOCATION Pinellas Park		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER 9800 61st Way		
FATHER—NAME 15 Isaac		MIDDLE		LAST		MOTHER—MAIDEN NAME 16 Della Jayne	
INFORMANT—NAME 17 Birt Torchio		MIDDLE		LAST		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 9800 61st Way, Pinellas Park, Fl. 33565	
PART II. DEATH WAS CAUSED BY: (a) Cardiogenic Shock (b) Acute myocardial infarction (c)							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Hypertension, Diffuse atherosclerotic Vascular Ds.							
(Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)		DATE OF INJURY (MONTH, DAY, YEAR) 7-26-78		HOUR 10:20	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 10:20		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20b			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a 7-26-78 TO 10-2-78		MONTH DAY YEAR		AND LAST SAW HIM/HER ALIVE ON 21c 10-2-78		I DID/DID NOT VIEW THE BODY AFTER DEATH 21d Did	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a		MONTH DAY YEAR		HOUR OF DEATH 10:20		THE DECEDENT WAS PRONOUNCED DEAD 22b 6:20 p	
CERTIFIER—NAME (TYPE OR PRINT) 23a H Jack Pyhel, M.D.		SIGNATURE 23b H Jack Pyhel		DEGREE OR TITLE MD		DATE SIGNED (MONTH, DAY, YEAR) 10/5/78	
MAILING ADDRESS—CERTIFIER 23c 721 12th Street N., St Petersburg, Florida 33705		STREET OR R.F.D. NO.		CITY OR TOWN		STATE	
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a Removal		CEMETERY OR CREMATORY—NAME 24b St Mary's Cemetery		LOCATION 24c Union Township, Pennsylvania			
DATE 24d October 4, 1978		FUNERAL HOME—NAME AND ADDRESS 24e Wiegand Brothers, 7454 S Tamiami Tr., Sarasota, Fla. 33		STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP			
FUNERAL DIRECTOR—SIGNATURE 25a Richard Wiegand		REGISTRAR—SIGNATURE 25b William D. Milne		DATE RECEIVED BY LOCAL REGISTRAR 25c 12 Oct 78			

A CERTIFIED COPY MUST CARRY THE EMBOSSED SEAL OF THE REGISTRAR OF VITAL STATISTICS

I hereby certify that this is a true and correct copy of a certificate on file in the office of the Local Registrar of Vital Statistics of the Pinellas County Health Department, St. Petersburg, Florida

October 12, 1978

William D. Milne, Deputy Local Registrar

STATE OF OREGON; COUNTY OF KLAMATH; ss.

I hereby certify that the within instrument was received and filed for record on the **27th** day of **December** A.D., 19**78** at **8:38** o'clock **A.M.**, and duly recorded in Vol **E-78** of **Deeds** on Page **28687**.

FEE \$3.00

WM. D. MILNE, County Clerk

By **Maguelina M. Miller** Deputy