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RECORD & RETURN TO: **The Legal Center**
Tel. (813) 393-8822
6572 Seminole Blvd., Suite 9
Seminole, Florida 34642

State of Florida
Department of Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.
REGISTRAR'S NO

1 DECEASED—NAME (FIRST, MIDDLE, LAST) LEONA TORCHIO		2 SEX Female	3 DATE OF DEATH (MONTH, DAY, YEAR) October 2, 1978
4 RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)) White	5a AGE—LAST BIRTHDAY (YEARS) 64	5b UNDER 1 YEAR: MOS / DAYS	5c UNDER 1 DAY: HOURS / MIN.
6 DATE OF BIRTH (MONTH, DAY, YEAR) July 18, 1914	7a COUNTY OF DEATH Pinellas		
7b CITY, TOWN, OR LOCATION OF DEATH St Petersburg	7c INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	7d HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) St Anthony's Hospital	
8 STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Ohio	9 CITIZEN OF WHAT COUNTRY USA	10 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	11 SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Birt Torchio
12 SOCIAL SECURITY NUMBER	13a USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Housewife	13b KIND OF BUSINESS OR INDUSTRY Home	
14a RESIDENCE—STATE Florida	14b COUNTY Pinellas	14c CITY, TOWN, OR LOCATION Pinellas Park	14d INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes / 14e STREET AND NUMBER 9800 61st Way
15 FATHER—NAME (FIRST, MIDDLE, LAST) Isaac Dierfield		16 MOTHER—MAIDEN NAME (FIRST, MIDDLE, LAST) Della Jayne	
17a INFORMANT—NAME Birt Torchio		17b MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 9800 61st Way, Pinellas Park, Fl. 33565	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))

18. IMMEDIATE CAUSE
(a) Cardiogenic Shock — APPROXIMATE INTERVAL BETWEEN ONSET AND: 12 hou
DUE TO, OR AS A CONSEQUENCE OF:
(b) Acute myocardial infarction — 36 h
DUE TO, OR AS A CONSEQUENCE OF:
(c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)
Hypertension Diffuse atherosclerotic Vascular D.S.
19a AUTOPSY (YES OR NO) Yes — 19b IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH

20a (Probably) ACCIDENT, SUICIDE OR HOMICIDE, OR UNDETERMINED (Specify)	20b DATE OF INJURY (MONTH, DAY, YEAR)	20c HOUR AM	20d HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20e INJURY AT WORK (SPECIFY YES OR NO)	20f PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	20g LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	

21a CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM (MONTH, DAY, YEAR) 7-26-78 TO (MONTH, DAY, YEAR) 21b 10-2-78 — 21c AND LAST SAW HIM/HER ALIVE ON (MONTH, DAY, YEAR) 10-2-78 — 21d I DID/DID NOT VIEW THE BODY AFTER DEATH: DID — 21e DEATH OCCURRED (HOUR) 6:20 PM AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED

22a 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 — HOUR OF DEATH AM — 22b THE DECEDENT WAS PRONOUNCED DEAD (MONTH, DAY, YEAR, HOUR)

23a CERTIFIER—NAME (TYPE OR PRINT) H Jack Pyhel, M.D.	23b SIGNATURE H. Jack Pyhel	DEGREE OR TITLE M.D	23c DATE SIGNED (MONTH, DAY, YEAR) 10/5/78
23d MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 721 12th Street N., St Petersburg, Florida 33705			
24a BURIAL, CREMATION, REMOVAL (SPECIFY) Removal	24b CEMETERY OR CREMATORY—NAME St Mary's Cemetery	24c LOCATION (CITY OR TOWN, STATE) Union Township, Pennsylvania	
24d DATE (MONTH, DAY, YEAR) October 4, 1978	24e FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Wiegand Brothers, 7454 S Tamiami Tr., Sarasota, Fla. 33		
24f FUNERAL DIRECTOR—SIGNATURE Richard L. Wiegand	24g REGISTRAR—SIGNATURE Kathleen Burmeister	24h DATE RECEIVED BY LOCAL REGISTRAR 12 OCT 78	

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

SEAL

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 Kathleen J. Burmeister, Deputy Local Registra

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of _____ the 12th day of Jan. A.D., 19 93 at 11:08 o'clock A M., and duly recorded in Vol. M93, of Deeds on Page 834.

Evelyn Biehn County Clerk
By Pauline Muldendore

FEE $10.00