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Vol. M93 Page 834

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

State of Florida
tment of Health and Rehabilitative Services
VITAL STATISTICS

CERTIFICATE OF DEATH
FLORIDA

STATE FILE NO.
REGISTRAR'S NO

1 DECEASED—NAME (First) LEONA	(Middle)	(Last) 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.	5d DATE OF BIRTH (Month, Day, Year): July 18, 1914	6 COUNTY OF DEATH: Pinellas
7a CITY, TOWN, OR LOCATION OF DEATH: St Petersburg	7b INSIDE CITY LIMITS (Specify Yes or No): Yes	7c 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).)

		Approximate interval between onset and death
18. IMMEDIATE CAUSE (a)	Cardiogenic Shock	12 hou
DUE TO, OR AS A CONSEQUENCE OF: (b)	Acute myocardial infarction	36 h
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST: DUE TO, OR AS A CONSEQUENCE OF: (c)		

PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a).
Hypertension Diffuse atherosclerotic Vascular D.z.

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	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	21b TO	21c AND LAST SAW HIM/HER ALIVE ON	21d I DID/DID NOT VIEW THE BODY AFTER DEATH	21e DEATH OCCURRED AT THE PLACE, ON DATE, AND, TO THE BEST OF MY KNOWLEDGE, TO THE CAUSE(S) STATED	
9 - 26 - 78	10 - 2 - 78	10 - 2 - 78	Did	6:20 P M	
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	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 OF 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	
25a DATE (Month, Day, Year): October 4, 1978	25b 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		
25c FUNERAL DIRECTOR—SIGNATURE: Richard E. Wiegand	26a REGISTRAR—SIGNATURE: Kathleen J. Burmeister	26b 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.

FEE $10.00

Evelyn Biehn, County Clerk
By Pauline Muldoon