

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040558
STATE FILE NUMBER

FILED NOV 26 1958

Registration District No. 170 Primary Registration District No. _____ Registrar's No. 170

300 3
1-57

1. PLACE OF DEATH a. COUNTY Laclede				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 mi. S. Hiway #5			Length of stay in 1b —	d. STREET ADDRESS (If outside, give location) 335 N. Jackson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Max Middle Zebel Last Zebel				4. DATE OF DEATH Month Nov. Day 19, Year 1958				
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 12, 1894		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) salvage yard			10b. KIND OF BUSINESS OR INDUSTRY salvage		11. BIRTHPLACE (City and state or country) Lithuania		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Morris Zebel			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE (divorced)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none			16. SOCIAL SECURITY NO. 500-36-8194		17. INFORMANT Address Alfred Zebel, Rt. 3, Lebanon, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute coronary thrombosis							INTERVAL BETWEEN ONSET AND DEATH 2 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Lebanon		COUNTY Laclede		STATE Mo.
21. I attended the deceased from <u>none</u> to <u>none</u> and last saw ^{her} him alive on <u>Nov. 15, 1958</u> Death occurred at <u>4:30 P.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE James S. Hope, M.D. (Degree or title)				22b. ADDRESS Lebanon, Mo.			22c. DATE SIGNED 11/21/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11-22-58	23c. NAME OF CEMETERY OR CREMATORY McBride		23d. LOCATION (City, town, or county) Laclede County		(State) Mo.	
24. FUNERAL DIRECTOR H. J. Shadel ADDRESS Lebanon, Mo.			25. DATE RECD. BY LOCAL REG. 11-21-1958		26. REGISTRAR'S SIGNATURE Mella L. Gray			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Occur, Coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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JAN 5 1959 NVP.

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
Signature of Student Embalmer

Signed George Stapp

Licensed Embalmer No. 316

P. O. Address W. H. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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