

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

58-025299

STATE FILE NUMBER

FILED AUG 1 1958

Registration District No. 144

Primary Registration District No. 4236

Registrar's No. 71

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>IRON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>IRON</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>DES ARC</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>DES ARC 4700</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>✓</b>		Length of stay in lb <b>LIFE</b>	d. STREET ADDRESS (If outside, give location) <b>✓</b>		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ZELL WASHINGTON LEWIS</b>			4. DATE OF DEATH Month Day Year <b>July 18 1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 13, 1878</b>		9. AGE (In years, Month, Day, Hours, Min.) <b>79 8 5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARM + MILL WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM + MILL</b>	11. BIRTHPLACE (City and state or country) <b>DES ARC, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JAMES LEWIS</b>		13b. MOTHER'S MAIDEN NAME <b>LUCINDA WALLIS</b>		14. NAME OF HUSBAND OR WIFE <b>LUCILLE LEWIS</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>BLANCHE SEAMOND DES ARC, MO.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Choking from stroke.</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 hours</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>4201</b>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE	
21. I attended the deceased from <b>7-18-58</b> to <b>7-18-58</b> and last saw him alive on <b>7-18-58</b> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>L. E. Ferguson M.D.</b>			22b. ADDRESS <b>Parsons Mo.</b>		22c. DATE SIGNED <b>7-19-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>7-21-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>DES ARC, MO</b>		23d. LOCATION (City, town, or county) (State) <b>DES ARC MO</b>
24. FUNERAL DIRECTOR ADDRESS <b>GISH FUNERAL HOME</b>			25. DATE RECD. BY LOCAL REG. <b>7-23-58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Avis Jones</b>

PIEDMONT, MO.

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 1958

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426  
P. O. Address Richmond Va

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.