S. No. 300
v. 10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 28 1953

State File No. 31106

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1030

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Joseph
c. LENGTH OF STAY (In this place) 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Washington Twsp.
d. STREET ADDRESS (If rural, give location) R.F.D. # 7

3. NAME OF DECEASED (Type or Print) a. (First) YCONIE b. (Middle) c. (Last) ZIVA

4. DATE OF DEATH (Month) 9 (Day) 22 (Year) 1953

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Aug. 12, 1881

9. AGE (In years last birthday) 72 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) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and State or Foreign Country) Roamania

12. CITIZEN OF WHAT COUNTRY? Nat. USA

13a. FATHER'S NAME John Rista

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Louis Ziva

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Louis Ziva, R.F.D. # 7, St. Joseph Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERAL CARCINOMATOUS PRIMARY — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) IN THE STOMACH — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 151 X

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15 1953 *to* Sept. 22, 1953, *that I last saw the deceased alive on* Sept. 22, 1953, *and that death occurred at* 1:08P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Eugene Lauck M.D.

23b. ADDRESS 218 N. Seventh St. St. Joseph 54, Missouri

23c. DATE SIGNED 9/23/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9-24-1953

24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri

DATE REC'D BY LOCAL REG. Sept 25, 1953

REGISTRAR'S SIGNATURE Esther M. Allison 485

FUNERAL DIRECTOR'S SIGNATURE Blue Lucas

ADDRESS St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Allen C. Bazan

Licensed Embalmer No. 4795

P. O. Address St. Joseph, Mo

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

State of Missouri } ss.
County of Buchanan }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 31106
Local Registrar's No. 1030

On this 16 day of November, 1953, before me appears Louis Ziva, who, upon Leo oath, states that the original record of ~~birth~~ death for Leonie Ziva, ~~born~~ died Sept 22, 1953, in the State of Missouri, and which was filed at St Joseph on 9-25, 1953, should be corrected as follows:

Item No. ____ should read ____

Instead of ____

Item No. 8 should read April 12, 1881

Instead of ~~August~~ 12, 1892

Item No. ____ should read ____

Instead of ____

Item No. 9 should read 72

Instead of 61

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

Item No. ____ should read ____

Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louis Ziva Husband
Relationship.

RR#7, St. Joseph, Mo
Present Address.

Subscribed and sworn to before me this 16 day of November, 1953.

My Commission expires My Commission Expires Nov. 3, 1956

Mary P. Belmont Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
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