

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36631**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **1251**

FILED DEC 6 1954

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <b>Washington Wsp / St. Joseph-Rural</b>	c. LENGTH OF STAY (in this place) <b>52 years</b>	c. CITY OR TOWN <b>Easton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3811 Penn St.</b>		e. STREET ADDRESS (If rural, give location) <b>0-110 0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Zylfa</b>		b. (Middle) <b>Iba</b>	c. (Last) <b>Iba</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>November 25, 1954</b>		5. SEX <b>female</b>	
6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>November 20, 1870</b>	9. AGE (In years last birthday) <b>84</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Milan, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Granison Payne</b>	
13b. MOTHER'S MAIDEN NAME <b>Vickie Cochran</b>		14. NAME OF HUSBAND OR WIFE <b>Henry</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Howard Iba, 3811 Penn, St. Joseph, Mo.</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): <b>coronary occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> 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 <b>4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Minute) <b>nov 25, 1954</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>now</b>			
22. I hereby certify that I attended the deceased from <b>July 6, 1954</b> , to <b>nov 25, 1954</b> , that I last saw the deceased alive on <b>Nov 25, 1954</b> , and that death occurred at <b>3:20 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>G. F. Kimball</b>		23b. ADDRESS <b>3816 S. S. St. Joseph, Mo. Nov 27-54</b>	
23c. DATE SIGNED <b>Nov 27-54</b>		24a. BIRTH, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>11/28/1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Freeman Chapel</b>	
24d. LOCATION (City, town, or county) (State) <b>Buchanan County, Mo.</b>		DATE REC'D BY LOCAL REG. <b>Dec. 2, 1954</b>	
REGISTRAR'S SIGNATURE <b>Cather M. Allison</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heaton-Bowman</b>	
ADDRESS <b>St. Joseph, Mo.</b>		ADDRESS	

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

**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 Billie C. Gonder, Student Embalmer No. 510 working under my personal supervision.

Student Billie C. Gonder  
Signature of Student Embalmer

Signed William Spalding  
Licensed Embalmer No. 450

P. O. Address 319 S. 11th St.

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.