

FILED FEB 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3995**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **5002** Registrar's No. **10**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Pleasant Gap Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital		d. STREET ADDRESS (If rural, give location) R.F.D. #6	

3. NAME OF DECEASED (Type or Print) a. (First) Della	b. (Middle) May	c. (Last) Nafus	4. DATE OF DEATH (Month) (Day) (Year) 2-4-49
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M married	8. DATE OF BIRTH Jan. 10, 1891	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 0 Days 24	IF UNDER 24 HRS. Hours 0 Min. 0
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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 (State or foreign country) Pleasant Gap Twp. U	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ewing Bassett	13b. MOTHER'S MAIDEN NAME Grace Cole	14. NAME OF HUSBAND OR WIFE Oscar Nafus
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Oscar Nafus ADDRESS R.F.D. #6 Butler, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulation of Intestine DUE TO (c) Post operative Hernia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 2-4-49	19b. MAJOR FINDINGS OF OPERATION Strangulation and rupture intestine	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **2-3, 1949** to **2-4, 1949**, that I last saw the deceased alive on **2-4, 1949**, and that death occurred at **9:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE D. P. Hansen M.D. (Degree or title)	23b. ADDRESS Butler, Mo	23c. DATE SIGNED 2-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-6-49	24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	24d. LOCATION (City, town, or county) (State) Butler, Missouri
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DATE REC'D BY LOCAL REG. Feb 7-1949	REGISTRAR'S SIGNATURE Randall Percy	25. FUNERAL DIRECTOR'S SIGNATURE John H. Underwood ADDRESS Butler, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. _____

District File Number 1-49-101

Date Filed 1-16-49

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 _____

Robert G. Steinbeck

Student Embalmer No. 200

working under my personal supervision.

Horace K. Hill

296

Signed Horace K. Hill
Robert G. Steinbeck
Student Embalmer

Signed John D. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler, Missouri

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.