

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29427
Registrar's No. 93

FILED OCT 10 1951

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| BIRTH NO. | | REG. DIST. NO. 27 | PRIMARY REG. DIST. NO. 5089 | Registrar's No. 93 | |
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Pleasant Gap</u> | | c. LENGTH OF STAY (In this place) <u>Life</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Pleasant Gap</u> 0070 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.W. Appleton City, Mo.</u> | | | d. STREET ADDRESS (If rural, give location) <u>R.F.W. Appleton City</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> | | b. (Middle) <u>B.</u> | | c. (Last) <u>Nafus</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30, 1951</u> | | 5. SEX <u>M</u> | | 6. COLOR OR RACE <u>W</u> | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 8. DATE OF BIRTH <u>Dec 6, 1874</u> | | 9. AGE (In years last birthday) <u>76</u> # UNDER 1 YEAR # UNDER 1 MONTH # UNDER 1 DAY # UNDER 1 HOUR # UNDER 1 MIN. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Bates Co., Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Jacob Nafus</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY DAVIS</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Single</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Nafus - Butler, Mo.</u> | | 17. ADDRESS <u>Butler, Mo.</u> | | 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) <u>Coronary Thrombosis</u> | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>not</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) | | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | 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 <u>Dead on arrival</u> | | 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) <u>Butler, Mo.</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1 P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>John Underwood</u> | | (Degree or title) <u>Owner</u> | | 23b. ADDRESS <u>Butler, Mo.</u> | |
| 23c. DATE SIGNED <u>10-1-51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Oct 3, 1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Round Prairie</u> | | 24d. LOCATION (City, town, or county) (State) <u>Bates Co., Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>Oct-1-1951</u> | | REGISTRAR'S SIGNATURE <u>Frank Nafus</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Culver-Underwood-Butler, Mo.</u> | |
| | | | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-9-51 _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Harold T. Hill

Signed
Student Embalmer

Licensed Embalmer No. 4743

P. O. Address Butler, 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.