

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18272

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>61</u> | | PRIMARY REG. DIST. NO. <u>4107</u> | | Registrar's No. <u>28</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>CEPAR</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CEPAR</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPGS</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ELDORADO SPGS 020</u> | | d. STREET ADDRESS (If rural, give location) <u>210 N. KIRKPATRICK 0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT HOME</u> | | | | 3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u> b. (Middle) <u>C.</u> c. (Last) <u>NAFUS</u> | | | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | | 8. DATE OF BIRTH <u>10-28-1868</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life) <u>FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) <u>85</u> If UNDER 1 YEAR: Months _____ Days _____ | | If UNDER 1 YEAR: Hours _____ Mins. _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>BATES CO MO</u> | | | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>JACOB P. NAFUS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>MARY E. DAVIS</u> | | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY E. COMPTON 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>FALL FROM 2nd STORY WINDOW</u> 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) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9020</u> <u>21</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>020</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 a</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Mrs. Catherine Carson</u> | | | | 23b. ADDRESS <u>Eldorado Springs, Mo.</u> | | 23c. DATE SIGNED <u>6-30-1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>7/3/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL</u> | | 24d. LOCATION (City, town, or county) (State) <u>BUTLER MO</u> | |
| DATE REC'D BY LOCAL REG. <u>6/30/54</u> | | REGISTRAR'S SIGNATURE <u>George W. Mafus 418</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mafus Funeral Home Eldorado Spgs</u> | | | |

7-1-54 W. Knowlton, Registrar (Signature of Registrar's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *El Dorado Springs*

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.