

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15549

State File No. \_\_\_\_\_

FILED JUN 7 1952

BIRTH NO. _____		REG. DIST. NO. <u>27</u>	PRIMARY REG. DIST. NO. <u>3005</u>	Registrar's No. <u>54</u>		
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>Cedar</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	c. LENGTH OF STAY (If in this place) <u>10 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Eldorado Springs 0701</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Butler Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>unknown</u>				
3. NAME OF DECEASED a. (First) <u>Della</u>		b. (Middle) <u>-</u>	c. (Last) <u>Nafus</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-30-1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>2-28-1886</u>	9. AGE (In years last birthday) <u>66</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Balbo O'Brune</u>		13b. MOTHER'S MAIDEN NAME <u>Emma</u>	14. NAME OF HUSBAND OR WIFE <u>J.C. (Bud) Nafus</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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.C. (Bud) Nafus</u> ADDRESS <u>Eldorado, 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>Varicella Infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) <u>Secondary Anemia</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H201</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)				
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 <u>5/19</u> , 19 <u>52</u> , to <u>5/30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>5/30</u> , 19 <u>52</u> , and that death occurred at <u>11:30 AM.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Carter H. Luter, MD</u>		23b. ADDRESS <u>Butler, Mo</u>	23c. DATE SIGNED <u>5/31/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-1-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakhill</u>	24d. LOCATION (City, town, or county) (State) <u>Butler Mo -</u>			
DATE REC'D BY LOCAL REG. <u>May 31-52</u>	REGISTRAR'S SIGNATURE <u>Randall Kuryl</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nafus Funeral Home Eldorado Spgs. Mo.</u> ADDRESS <u>Eldorado Spgs. Mo.</u>				

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

No. 3294  
4492

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 Robert G. Steinbech

Licensed Embalmer No. 4657

P. O. Address Burles, 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.