

FILED DEC 24 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45143

STATE FILE NUMBER

Registration District No. 229 Primary Registration District No. 5804 Registrar's No. 47

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)											
a. COUNTY MONROE				a. STATE MO		b. COUNTY MONROE									
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Pleasant View		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN DUNCANS BRIDGE		Outside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLEASANT VIEW PIEST HOME		Length of stay in lb 2 WTS		d. STREET (If outside, give location) ADDRESS DUNCANS BRIDGE MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
3. NAME OF DECEASED (Type or print)			First			Middle			Last			4. DATE OF DEATH			
EVA			—			NAFZIGER			DEC 8 1957			Month Day Year			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH OCT 10, 1887		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR		IF UNDER 24 HRS.			
				WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>						Months		Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country)				12. CITIZEN OF WHAT COUNTRY?			
HOUSEWIFE				HOUSEWIFE				ILLINOIS				US			
13. FATHER'S NAME NATHAN WILLS						14. MOTHER'S MAIDEN NAME ANNA PERRY									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO				16. SOCIAL SECURITY NO. NO				17. INFORMANT MILBURN NAFZIGER DANUEIRS ILL							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]												INTERVAL BETWEEN ONSET AND DEATH			
PART I. DEATH WAS CAUSED BY:												298			
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>															
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.															
DUE TO (b) _____															
DUE TO (c) _____															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.															
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION			COUNTY			STATE			
21. I attended the deceased from <u>DECEASED</u> to <u>3</u> and last saw her alive on <u>DECEASED</u> Death occurred at <u>3 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Type or title) <u>John M. Barnett M.D.</u>						22b. ADDRESS <u>John M.</u>			22c. DATE SIGNED <u>12-16-57</u>						
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county) (State)								
BURIAL		12-11-57		FELPS CEMETERY			RANDOLPH H COUNTY MO								
24. FUNERAL DIRECTOR <u>Chas. Greening</u>				ADDRESS <u>Clarence Mo</u>				25. DATE RECD. BY LOCAL REG. <u>12-16-57</u>		26. REGISTRAR'S SIGNATURE <u>D. A. Barnett M.D.</u>					

(Licensed Embalmer's Statement on Reverse Side)

5. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *Charles J. Green*.....

Licensed Embalmer No. *416*

P. O. Address *Clarens*

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.