

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031243

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5089 Registrar's No. 159

*As Hired*  
DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 9 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 0070	
2 0070	
3	
4 0	
5 2	
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7 0	
8 2	
9 156.1	
10	
11	
12 90-0	
13 1-0	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Bates</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Pleasant Gap Twp</b>		c. CITY OR TOWN <b>Butler</b>	
Length of stay in 1b <b>Life</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 6 Butler</b>		d. STREET ADDRESS (If outside, give location) <b>Rt. 6</b>	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED First Middle Last <b>Oscar --- Nafus</b>			4. DATE OF DEATH Month Day Year <b>September 1, 1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-20-1885</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>11</b> Hours <b>11</b> Min.	IF UNDER 24 HR Hours <b>11</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Bates Co., Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			
13a. FATHER'S NAME <b>Alex Nafus</b>		13b. MOTHER'S MAIDEN NAME <b>Liza Queener</b>	14. NAME OF HUSBAND OR WIFE <b>Della Nafus</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <b>No</b> )		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Edgar Nafus</b>		Address <b>Rt. 6 Butler, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>lobar pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>hepatic coma</b>			<b>4 days</b>
DUE TO (c) <b>Carcinoma of liver</b>			<b>12 mon.</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 s.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 <b>Feb. 1940</b> to <b>9/1/63</b> and last saw her/him alive on <b>9/1/63</b>		Death occurred at <b>1:30 P.M.</b> the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>L. S. Lathrop, M.D.</b>		22b. ADDRESS <b>212 N. Main, Butler, Mo.</b>	22c. DATE SIGNED <b>9/5/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9-3-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Butler, Mo.</b>
24. FUNERAL DIRECTOR <b>Culver-Underwood</b>		ADDRESS <b>Butler, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9-3-63</b>
		26. REGISTRAR'S SIGNATURE <i>Norma Frank Wilson</i>	

10-10-1963

Missouri

Missouri

Butler

Butler

Butler

Butler

Butler

September 1, 1963

Butler

Butler

12-20-1962

Butler

Butler Co., Mo. U.S.A.

Farming

Farmer

Butler

Butler

Butler

Butler, Mo.

Butler

None

No

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 Robert B. Sturdivant

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

10:30 P.M.

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.

Butler, Mo. Butler, Mo. Butler, Mo. Butler, Mo.

Butler, Mo. Butler, Mo.

Permit No. 9-3-63. N.V.W.