

FILED DEC 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40038

BIRTH NO.		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6272		Registrar's No. 41	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Allen Township		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR Rural-Allen Township			
d. FULL NAME OF HOSPITAL OR INSTITUTION Denver				d. STREET ADDRESS (If rural, give location) Denver			
3. NAME OF DECEASED (Type or Print) Harry		a. (First) Chester		c. (Last) Dunfee		4. DATE OF DEATH (Month) (Day) (Year) 11 28 1949	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 5 23 1867	
9. AGE (In years, month, day) 82		10. UNDER 1 YEAR 6		11. UNDER 1 MIN. 5		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer		11. BIRTHPLACE (State or foreign country) Denver, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Isaac Dunfee		13b. MOTHER'S MAIDEN NAME Martha Jane Dillon		14. NAME OF HUSBAND OR WIFE Rebecca Findley Dunfee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leah Seat Denver, Mo.			
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) Mixed degeneration of heart ANTECEDENT CAUSES Morbidity 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. Hypertension - Embolism of brain - 1945				INTERVAL BETWEEN ONSET AND DEATH 2 hrs 410A 10 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION ✓				20. AUTOPSY? YES ☐ NO ☐	
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) (Minute) ✓		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from 3-2-45 to Apr 28, 1949 , that I last saw the deceased alive on 11-28, 1949 , and that death occurred at 11:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE S. H. Ross		23b. ADDRESS Grant City, Mo.		23c. DATE SIGNED 11-29-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE 11-30-1949		24c. NAME OF CEMETERY OR CREMATORY Miller Cemetery		24d. LOCATION (City, town, or county) (State) Denver, Mo.	
DATE REC'D BY LOCAL REG. Dec 5-1949		REGISTRAR'S SIGNATURE John E. Dawson		345 John C. Dunfee		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Grant City, Mo.	



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

Arch C. Dumble

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.