No. 300
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4389

BIRTH NO. _____ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5443 Registrar's No. 6

1370

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Roark Twp
c. LENGTH OF STAY (in this place): 44 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mi. South of Hermann

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Gasconade
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Roark Twp U 370
d. STREET ADDRESS (If rural, give location): 6 mi. South of Hermann

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) ROBERT c. (Last) DUFNER JR.

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May-1-1906

9. AGE (In years last birthday): 44 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Hermann, Mo

12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Charles Dufner Sr

13b. MOTHER'S MAIDEN NAME: Amalia Fricke

14. NAME OF HUSBAND OR WIFE: Irene Dufner

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. Irene Dufner, Hermann, Mo RFD

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac decompensation — 3 mo.
DUE TO (c) Rheumatic ht. dis c Mitral Sten. — 20 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4/10 x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None

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) m.

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* 4-27, 1949, *to* 2-9, 1951, *that I last saw the deceased alive on* 2-5, 1951, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Cawell T. Shaw M.D.

23b. ADDRESS: Hermann, Mo

23c. DATE SIGNED: 2-10-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-12-51

24c. NAME OF CEMETERY OR CREMATORY: St. George Cemetery

24d. LOCATION (City, town, or county) (State): Hermann, Mo

DATE REC'D BY LOCAL REG.: 2/10/51

REGISTRAR'S SIGNATURE: [illegible] 102

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Hugo K. Thurm Hermann, Mo

(Licensed Embalmer'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.....

working under my personal supervision.

Student Embalmer No.....

Signed Hugo H. Oberheu

Signed.....
Student Embalmer

Licensed Embalmer No. 3160

P. O. Address Hermann, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.