

FILED SEP 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26505

STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5443 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY GASCONADE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GASCONADE			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ROARK TWP Inside Limits Yes ☐ No ☒				c. CITY OR TOWN 237E Inside Limits Yes ☐ No ☒			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS 6 1/2 mi. S. of Hermann (If outside, give location) Reside on Farm Yes ☒ No ☐			
3. NAME OF DECEASED (Type or print) First JULIA Middle DUFNER Last DUFNER				4. DATE OF DEATH Month AUG Day 12 Year 1956			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH JAN. 9 - 1875	
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY Housekeeper		11. BIRTHPLACE (City and state or country) HERMANN, MO.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME MODEST EPPLE				14. MOTHER'S MAIDEN NAME ELIZABETH SCHANNUTH			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. None		17. INFORMANT HILBERT DUFNER, Hermann, Mo. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion 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(n) 4201							INTERVAL BETWEEN ONSET AND DEATH ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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 _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Hugo H. Blumer (Degree or title) Coroner				22b. ADDRESS Hermann Mo		22c. DATE SIGNED 8/12/56	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 8/14/56		23c. NAME OF CEMETERY OR CREMATORY ST. Joseph Cemetery		23d. LOCATION (City, town, or county) RFD Hermann Mo (State)	
24. FUNERAL DIRECTOR HUGO H. BLUMER, Hermann, Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 8/13/56		26. REGISTRAR'S SIGNATURE Welma Gecken	

(Licensed Embolmer's Statement on Reverse Side)

SEP 5 1956

OCT 2 1957

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.....

Licensed Embalmer No. 311

P. O. Address Hermann

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.