

STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1958

840
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5943 Registrar's No. 5

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		c. CITY OR TOWN d37	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. W. of HERMANN		d. STREET ADDRESS (If outside, give location) 3 1/2 mi. W. of HERMANN	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN HENRY DUFFNER		4. DATE OF DEATH Month Day Year JAN 24-1958	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 4-1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN'L FARMING	11. BIRTHPLACE (City and state or country) HERMANN Mo
13a. FATHER'S NAME JOSEPH DUFFNER		13b. MOTHER'S MAIDEN NAME GENEVIENE NEDHART	14. NAME OF HUSBAND OR WIFE ✓
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. STONE	17. INFORMANT Address MARY DUFFNER 414 UNION BLVD ST. LOUIS MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMMORHAGE			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) (FOUND DEAD IN FARM HOME)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____, to _____, and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) HUGO H. BLUMER		21b. ADDRESS HERMANN Mo	21c. DATE SIGNED 1/27/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1/30/58	23c. NAME OF CEMETERY OR CREMATORY ST. GEORGE CEMETERY	23d. LOCATION (City, town, or county) (State) HERMANN Mo
24. FUNERAL DIRECTOR ADDRESS HUGO H. BLUMER		25. DATE RECD. BY LOCAL REG. 1-29-58	26. REGISTRAR'S SIGNATURE Delmer Uffelman

MAR 5 1959

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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

Hugot & Demer

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 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.