

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19477

Registrar's No. 30

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		State File No. 19477		Registrar's No. 30			
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Home. 611 N..High St				d. STREET ADDRESS (If rural, give location) 611 North High							
3. NAME OF DECEASED (Type or Print) a. (First) Herman				b. (Middle)		c. (Last) Affolter		4. DATE OF DEATH (Month) (Day) (Year) May 10 1955			
5. SEX 0 Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan 6 1876		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 4 Days 4 Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired				10b. KIND OF BUSINESS OR INDUSTRY at Show		11. BIRTHPLACE (State or foreign country) California, Mo - 0					
12. CITIZEN OF WHAT COUNTRY? U.S.A.											
13a. FATHER'S NAME Fredrick Affolter				13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 94-32-2422		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wilford Affolter California, 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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chancinoma of Lung ANTECEDENT CAUSES Morbid 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.				INTERVAL BETWEEN ONSET AND DEATH 6 Mo.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) California Moniteau Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from May 2, 1955, to May 10, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 3:50 PM, from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) D. O. Z.				23b. ADDRESS California				23c. DATE SIGNED 5/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/13/55		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo					
DATE REC'D BY LOCAL REG. 3/15/55		REGISTRAR'S SIGNATURE H. L. Raper		25. FUNERAL DIRECTOR'S SIGNATURE Earl Boulton		ADDRESS California					

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4933

P. O. Address California, U.S.A.

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.