

FILED JUL 10 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20463

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 236

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Charles Still Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>217 Filmore</b>	
3. NAME OF DECEASED First <b>George</b> Middle <b>Victor</b> Last <b>Affolter</b>		4. DATE OF DEATH Month <b>July</b> Day <b>7</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 19, 1880</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own</b>	11. BIRTHPLACE (City and state or country) <b>Jefferson City, Mo.</b>
13a. FATHER'S NAME <b>Bernard Affolter</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Lohman</b>	14. NAME OF HUSBAND OR WIFE <b>Katherine Duble Affolter</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-42-9089</b>	17. INFORMANT <b>Victor Affolter Jefferson City, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chromosomal Hemorrhage</b> DUE TO (c) <b>Carcinoma of Stomach</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs</b> <b>6 wks</b> <b>1 1/2 yrs</b>	
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.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 Death occurred at <b>3:25 A.M.</b> on <b>May 2nd 1957</b>		and last saw him alive on <b>May 1st 1957</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Deceased or title) <b>E. Spencer Macaulay</b>		22b. ADDRESS <b>2303 W. W. Park Jefferson City</b>	
22c. DATE SIGNED <b>7-8-57</b>		22d. SIGNATURE <b>R. P. Dorris, MD - MR</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 9, 1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Jefferson City, Mo.</b>	
24. FUNERAL DIRECTOR <b>Victor Benacha</b>		25. DATE RECD. BY LOCAL REG. <b>8 July 1957</b>	
ADDRESS <b>JE MO</b>		26. REGISTRAR'S SIGNATURE <b>R. P. Dorris, MD - MR</b>	

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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0264  
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(Licensed Embalmer's Statement on Reverse Side)

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 Victor Buesch

Licensed Embalmer No. 270  
P. O. Address J.C. Me

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.