

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26802

State File No. ....

BIRTH NO. .... REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY OR TOWN Higginsville	
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 W. 22nd St.		e. STREET ADDRESS (If rural, give location) 208 W. 22nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) EMMA b. (Middle) D. c. (Last) ARFMANN		4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec 14 1889
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper	11. BIRTHPLACE (City and State or Foreign Country) Chicago Illinois
12. CITIZEN OF WHAT COUNTRY? USA		13. NAME OF HUSBAND OR WIFE	

13a. FATHER'S NAME John Martin Arfmann		13b. MOTHER'S MAIDEN NAME Minnie Luttermann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME George Arfmann		ADDRESS Higginsville 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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaplastic Epidermoid Carcinoma Rt. Ventr. 1 year. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 175X 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	
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19a. DATE OF OPERATION Jul 15, 1955		19b. MAJOR FINDINGS OF OPERATION Biopsy of inguinal Node Revealed anaplastic epidermoid carcinoma.		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-1-1954, to 8-6-1955, that I last saw the deceased alive on 8-6-1955, and that death occurred at 4:55 P. M., from the causes and on the date stated above.

23a. SIGNATURE William E. Fulherson M.D.		(Degree or title)		23b. ADDRESS Higginsville Mo.	
23c. DATE SIGNED 8-20-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9 1955	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) Higginsville		(State) Missouri	

DATE REC'D BY LOCAL REG. Aug 22-1955		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE	
		154-1		ADDRESS Higginsville Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 8 1955

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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.....  
Licensed Embalmer No.....  
P. O. Address.....

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.