

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3025-61-021153  
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

**FILED JUL 5 1961**

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in 1b **60 Yrs**

c. CITY OR TOWN **Kansas City** Inside Limits Yes  No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **720 Bennington** Inside Limits \* Yes  No

d. STREET ADDRESS (If outside, give location) **720 Bennington** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First **PAUL** Middle **OSCAR** Last **AFFELD**

4. DATE OF DEATH Month **June** Day **14** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH **1/25/1880** 9. AGE (last birthday) **81**

IF UNDER 1 YEAR Months Days IF UNDER 24 HR 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 **Railroad** 11. BIRTHPLACE (City and state or country) **Holden Missouri** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Emil A Affeld** 13b. MOTHER'S MAIDEN NAME **Elizabeth O Brenner** 14. NAME OF HUSBAND OR WIFE **Jessie E Affeld**

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. 17. INFORMANT **Jessie Affeld 720 Bennington K C 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) **Carcinomatosis** INTERVAL BETWEEN ONSET AND DEATH **6 weeks**  
DUE TO (b) **Bronchogenic Carcinoma** **10 weeks**  
DUE TO (c)

CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. **Arteriosclerotic Heart Disease**

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO

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 **10:30 p.m.** Month, Day, Year **2-23-61**

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 **2-23-61** to **6-14-61** and last saw him alive on **6-14-61**  
Death occurred at **10:30 p** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title) **Klenberger** 22b. ADDRESS **5246 St. John** 22c. DATE SIGNED **6/16/61**

23a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **June 17 1961** 23c. NAME OF CEMETERY OR CREMATORY **Mt. Washington Cemetery** 23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **Sheil Funeral Home** ADDRESS **Kansas City Mo** 25. DATE RECD. BY LOCAL REG. **6-17-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Klenberger**

ITEM NO. SHOULD READ

