

FILED DEC 29 1950

STANDARD CERTIFICATE OF DEATH

State File No. 41726

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 397

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia 0804	
c. LENGTH OF STAY (In this place) 2 hrs.		d. STREET ADDRESS (If rural, give location) 601 West Saline St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 525 West Saline St.			

3. NAME OF DECEASED (Type or Print) a. (First) ARLIE	b. (Middle) P	c. (Last) POFFINBERGER	4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1950
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Jan. 17, 1881	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11	IF UNDER 1 YEAR Days 1	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Gen. Labor	11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Horaito Poffinberger	13b. MOTHER'S MAIDEN NAME Evelyn Brown	14. NAME OF HUSBAND OR WIFE Myrtle Ward Poffinberger
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. *****	17. INFORMANT'S SIGNATURE OR ADDRESS Mrs. Myrtle Poffinberger, Sedalia,
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4221
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis, advanced DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from viewed Chas. P. Pottner, 18____, that I last saw the deceased alive on 19____, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. Gordon Stauffer M.D.</u>	23b. ADDRESS <u>Corners of Pettis Co</u>	23c. DATE SIGNED <u>12-19-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>17-21-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>17/21/50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	GENERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Sedalia, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

804

RECEIVED

12/27/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

12/27/50

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 _____
Student Embalmer

Signed

R. E. Baker

Licensed Embalmer No. *2419*

P. O. Address *Sedalia, 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 this body is not embalmed, fact should be so stated above.