

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-001950

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 192 STATE FILE NUMBER

**FILED JAN 25 1962**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>1 day</b>	c. CITY OR TOWN <b>4111 Independence Ave.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Conley Maternity Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Kansas City</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>KENNETH WAYNE POPPEN</b>	4. DATE OF DEATH Month Day Year <b>January 11, 1962</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/10/62</b>	9. AGE (last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>1</b>	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>K. C., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>
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13a. FATHER'S NAME <b>Gerald Eldon Poppen</b>	13b. MOTHER'S MAIDEN NAME <b>Dixie Jennine McGuire</b>	14. NAME OF HUSBAND OR WIFE <del>Dixie Poppen</del>
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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>none</b>	17. INFORMANT <b>Gerald Poppen K. C., Mo.</b>
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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>Cardiac &amp; Respiratory Exhaustion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 hours</b>
DUE TO (b) <b>Prematurity</b>		
DUE TO (c) <b>Premature Spontaneous Labor at 30 Weeks</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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
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21. I attended the deceased from <u>1-10-62</u> to <u>1-11-62</u> and last saw <sup>her</sup> him alive on <u>1-11-62</u> Death occurred at <u>12:55 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Lee E Davidson DO</b> (Degree or title)	22b. ADDRESS <b>2105 1/2 Independence</b>	22c. DATE SIGNED <b>1-12-62</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/12/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Champayne, Ill.</b>	23d. LOCATION (City, town, or county) (State) <b>Champayne, Ill.</b>
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24. FUNERAL DIRECTOR <b>C. H. Blackman &amp; Son</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>1-12-62</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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K. C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
Lee E. Davidson  
MEDICAL CERTIFICATION

**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 Bert B Bennett

Licensed Embalmer No. 465-6

P. O. Address 15. C. 220

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.