

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 856 STATE FILE NUMBER

AMENDED

FILED MAR 7 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	a. STATE MISSOURI	b. COUNTY JACKSON
Length of stay in 1b 15 YEARS		c. CITY OR TOWN KANSAS CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 710 WEST 49TH TERRACE		d. STREET ADDRESS 710 WEST 49TH TERR.	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last AGNES KATHERYN POFFENBAUGH	Month Day Year FEBRUARY 12 1962

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/12/87	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days	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) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) GRAYTOWN, OHIO	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME LOUIS SCHABER	13b. MOTHER'S MAIDEN NAME MARY DURMEN	14. NAME OF HUSBAND OR WIFE EMIL C. POFFENBAUGH
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. DALE E. BEVARD	Address 710 W. 49TH TERR KANSAS CITY, MO.
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral hemorrhage		10 minutes
DUE TO (b) arteriosclerosis		
DUE TO (c) —		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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 —
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **April 1, 1961** to **Feb 12, 1962** and last saw **her** alive on **Feb 12, 1962**.
Death occurred at **11:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William F. Sanders	(Degree or title) —	22b. ADDRESS 411 Nichols Road K.C. Mo.	22c. DATE SIGNED 2/12/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE FEB. 12, 1962	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY SYLVANIA	23d. LOCATION (City, town, or county) OHIO
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 351 BRUSH CR. KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 2-13-62	26. REGISTRAR'S SIGNATURE Ruth Long
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2001 5 11 11:31 AM

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 Harold L. Betterner

Licensed Embalmer No. 3035

P. O. Address 1000 E. 10th St.

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.