

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-014940

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 84

**FILED MAY 7 1962**

PLACE OF DEATH  
a. COUNTY **Grundy**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY **Grundy**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Trenton** Length of stay in 1b **years**

c. CITY OR TOWN **Trenton** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **RFD # 1** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**LeRoy Barnes** **April 22, 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5-10-96** 9. AGE (last birthday) **65** 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) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farming** 11. BIRTHPLACE (City and state or country) **Grundy Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **William Barnes** 13b. MOTHER'S MAIDEN NAME **Dora Proffitt** 14. NAME OF HUSBAND OR WIFE

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 Address **Mrs. Doran Proctor Trenton, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Cardio-Vascular-Renal Disease 6 months**  
DUE TO (b) \_\_\_\_\_  
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 (a) \_\_\_\_\_  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  N.  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 a.m. p.m. Month, Day, Year

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 **Nov 1st 1961** to **April 22nd 1962** and last saw her/him alive **April 22nd 1962**  
Death occurred at **1:35 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Oliver F. Guffy M.D.** (Degree or title) 22b. ADDRESS **Trenton Mo** 22c. DATE SIGNED **April 23rd 1962**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **4-25-1962** 23c. NAME OF CEMETERY OR CREMATORY **Box Cemetery** 23d. LOCATION (City, town, or county) **Grundy Co., Mo.**

24. FUNERAL DIRECTOR **Gipson-Whitaker Funeral-Trenton, Mo.** ADDRESS **4-25-62** 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE **June Fair**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
10405  
2 0400  
3  
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7 0  
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12 2-0  
13 1-0



MAY 8 1962

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 Leo S. Whitaker

Licensed Embalmer No. 4780

P. O. Address Trinity, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.