

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-021967

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 687

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

15117  
25117

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

C.C. DuMont, M.D. MEDICAL CERTIFICATION

**FILED JUN 18 1962**

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

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Joseph** Length of stay in 1b **30 years**

c. CITY OR TOWN **St. Joseph** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2613 Belle St.** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **2613 Belle** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**FRANKIE BARBEE** **June 11, 1962**

5. SEX **female** 6. COLOR OR RACE **white** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **9/23/1880** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **own home** 11. BIRTHPLACE (City and state or country) **Kansas City, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Calvin Blakeley** 13b. MOTHER'S MAIDEN NAME **Elizabeth Buford** 14. NAME OF HUSBAND OR WIFE **James L. Barbee**

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 Address **St. Joseph, Mo. Mrs. Callie McMillian, 2613 Belle.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Coronary occlusion**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arteriosclerosis**  
DUE TO (c) \_\_\_\_\_  
INTERVAL BETWEEN ONSET AND DEATH **3 min**  
**under**

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  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 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 **MAY 62** to **6-11-62** and last saw her alive on **6-11-62**  
Death occurred at **5:00 p.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Clarence C. DuMont M.D.** 22b. ADDRESS **St. Joseph, Mo.** 22c. DATE SIGNED **6-13-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 23b. DATE **6/14/1962** 23c. NAME OF CEMETERY OR CREMATORY **Judah Cemetery** 23d. LOCATION (City, town, or county) (State) **Wallace Missouri**

24. FUNERAL DIRECTOR ADDRESS **Heston - Bowman, St. Joseph, Mo.** 25. DATE RECD. BY LOCAL REG. **June 15, 1962** 26. REGISTRAR'S SIGNATURE **Wm. Clark Goodell**

USE BLACK INK OR TYPEWRITER RIBBON

**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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 16th, St Joseph, 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.