

FILED DEC 16 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

68-048903

Registration District No. 157 Primary Registration District No. 4218 Registrar's No. 277DO NOT WRITE
ON THIS STUB

VS 300

Rev. 1/68

9. 010a. 7010b. 0311. 012. 113. 410.9

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.6. 0421

PARENTS

CAUSE

CERTIFIER

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

| | | | | | | | |
|--|--|--|---|--|--|--|---|
| DECEASED—NAME FIRST MIDDLE LAST | | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | | | |
| 1. CLARENCE ELWOOD BARBOUR | | | 2. Male | 3. December 7, 1968 | | | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) | | |
| 4. White | | 5a. 70 | 5b. | 5c. | 6. 12-14-1897 | | |
| CITY, TOWN, OR LOCATION OF DEATH | | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | | | |
| 7b. Windsor | | | 7c. yes 7d. Windsor Hospital | | | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. Missouri | | 9. U. S. A. | | 10. Married | | 11. Edith M. McCollister | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RESIRED) | | KIND OF BUSINESS OR INDUSTRY | | | |
| 12. 486-03-6543 | | 13a. Rt. Meat cutter | | 13b. | | | |
| RESIDENCE—STATE | | COUNTY | CITY, TOWN, OR LOCATION | | INSIDE CITY LIMITS (SPECIFY YES OR NO) | STREET AND NUMBER | |
| 14a. Mo. | | 14b. Henry | 14c. Windsor | | 14d. yes | 14e. 305 S. Windsor, St. | |
| FATHER—NAME FIRST MIDDLE LAST | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | | | |
| 15. Hugh C. Barbour | | | 16. Moore Nellie Barbour | | | | |
| INFORMANT—NAME | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | |
| 17a. Edith M. Barbour | | | 17b. 305 S. Windsor St. Windsor, Mo. | | | | |
| PART I. DEATH WAS CAUSED BY: | | | [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)] | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. IMMEDIATE CAUSE | | | | | | | |
| (a) Medullary depression | | | | | | minutes | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (b) Shock (Hypotension) | | | | | | 15 min | |
| DUE TO, OR AS A CONSEQUENCE OF: | | | | | | | |
| (c) Acute coronary occlusion | | | | | | 8 hours | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | | | AUTOPSY (YES OR NO) | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| Arteriosclerotic heart disease | | | | | | 19a. No | 19b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) | | | |
| 20a. | | 20b. | 20c. | M. 20d. | | | |
| INJURY AT WORK (SPECIFY YES OR NO) | | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | | | | |
| 20e. | | 20f. | 20g. | | | | |
| CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM | | MONTH DAY YEAR | TO | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | I DID/DID NOT VIEW THE BODY AFTER DEATH. | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 21a. DECEASED FROM | | 21b. 12 7 68 | 21c. 12 7 68 | 21d. 12 7 68 | 21e. Did | 21f. 11:05 P.M. | |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | | HOUR OF DEATH | THE DECIDENT WAS PRONOUNCED DEAD | | |
| 22a. | | | | 22b. | M. 22c. | | |
| CERTIFIER—NAME (TYPE OF PRINT) | | SIGNATURE | | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) | | |
| 23a. A. R. MASON, JR., D.O. | | 23b. AR Mason, Jr. D.O. | | 23c. P.O. | 23d. 12-9-68 | | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. | | CITY OR TOWN | STATE | ZIP | |
| 23a. 123 SOUTH MAIN | | 23b. WINDSOR | | 23c. MISSOURI | 23d. 65360 | | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | | CEMETERY OR CREMATORY—NAME | | LOCATION CITY OR TOWN STATE | | | |
| 24a. Burial | | 24b. Versailles Cemetery | | 24c. Versailles, Mo. | | | |
| DATE | | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | | |
| 24d. 12-10-1968 | | 24e. Gouge Funeral Home 301 W. Benton St. Windsor, Mo. | | | | | |
| FUNERAL DIRECTOR—SIGNATURE | | REGISTRAR—SIGNATURE | | DATE RECEIVED BY LOCAL REGISTRAR | | | |
| 25a. Clifford Gouge | | 25b. Mildred Bigum | | 25c. Dec. 13, 1968 | | | |

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DEC 19 1968

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 Clifford Louge

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.