

## FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-035547

FILED VS SEP 19 1960

Registration District No. 224 Primary Registration District No. 5795 Registrar's No. 64

STATE FILE NUMBER

|   |                                  |   |                                     |   |  |   |                               |
|---|----------------------------------|---|-------------------------------------|---|--|---|-------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Moniteau</u>  |                                  |   |                                     | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> |  |   |                               |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Latham, Mo Piolat Grove</u>   |                                  | Length of stay in 1b<br><u>12 Yrs</u>   |                                     | c. CITY OR TOWN <u>Latham, Mo</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                               |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home-Latham, Mo</u>   |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |                                     | d. STREET ADDRESS (If outside, give location)<br><u>Gen Del</u>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |                               |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>Robert Marion Barbour</u>  |                                  |   |                                     | 4. DATE OF DEATH<br>Month Day Year<br><u>Aug 14 1960</u>  |  |   |                               |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/22/81</u> | 9. AGE (last birthday)<br><u>78</u>   | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><u>9 23</u> |   | IF UNDER 24 HR<br><u>Min.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm</u>  |                                     | 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>  |                               |
| 13a. FATHER'S NAME<br><u>Joseph Barbour</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Callie Scott</u>  |                                     | 14. NAME OF HUSBAND OR WIFE<br><u>Mary E. Barbour</u>   |  |   |                               |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>  |                                  | 16. SOCIAL SECURITY NO.<br><u>500-10-5384</u>   |                                     | 17. INFORMANT<br>Address<br><u>Mary E Barbour Latham, Mo</u>  |  |   |                               |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic Myelogenous Leukemia</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ |                                  |   |                                     |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>4 years</u>                                    |                               |
| 19. WAS AUTOPSY PERFORMED?<br>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.)  |  |   |                               |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   |                                  |   |                                     |   |  |   |                               |
| 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                         |
| 21. I attended the deceased from <u>1958</u> to <u>Aug 14, 1960</u> and last saw him alive on <u>August 10, 1960</u><br>Death occurred at <u>7/30 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |                                  |   |                                     |   |  |   |                               |
| 22a. SIGNATURE<br><u>Ruth Kauffman, M.D.</u> (Degree or title)  |                                  |   |                                     | 22b. ADDRESS<br><u>Oswilles, Mo</u>   |  | 22c. DATE SIGNED<br><u>Aug 17, 1960</u>   |                               |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>8/16/60</u>   |                                     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Flag Spring Cemetery</u>   |  | 23d. LOCATION (City, town, or county) (State)<br><u>Burl, California, Mo</u>          |                               |
| 24. FUNERAL DIRECTOR<br><u>Bowlin Funeral Home-California, Mo</u>   |                                  | ADDRESS   |                                     | 25. DATE RECD. BY LOCAL REG.<br><u>8/16/60</u>  |  | 26. REGISTRAR'S SIGNATURE<br><u>William H. Popejoy</u>                                |                               |

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Earl Bomlin

Licensed Embalmer No. 2126

P. O. Address California

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.