

DO NOT WRITE ON THIS SIDE

VS 30C
Rev. 4/5

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USE BLACK INK
ORDept. Health,
Educ., & Welfare
U. S. Public
Health ServiceV. S. 300
Rev. 1-57

This includes the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

2-0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI											
FILED FEB 28 1962 STANDARD CERTIFICATE OF DEATH											
Registration District No. <u>337</u>						Primary Registration District No. <u>6139</u>			Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Blackcreek Twsp</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Shelbina 1020</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>86 Pleasant Hill R Home</u>				Length of stay in lb <u>3 Yrs</u>		d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>Flossy Belle Connaway</u>						4. DATE OF DEATH Month Day Year <u>Feb 19th 1962</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>5/31/1891</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>8 18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>House Work</u>		11. BIRTHPLACE (City and state or country) <u>Shelby Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>H.B. Miller</u>				13b. MOTHER'S MAIDEN NAME <u>Melisa Fleak</u>				14. NAME OF HUSBAND OR WIFE <u>John Connaway</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Mrs Luray Bower</u>		Address <u>Shelbina Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular accident</u> <u>arterio-sclerotic Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ 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	
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 Hour Month, Day, Year a.m. p.m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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>February, 1959</u> to <u>Feb. 19, 1962</u> and last saw her alive on <u>Feb. 19, 1962</u> Death occurred at <u>Feb. 19, 1962 3 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <u>R.A. Michalevich M.D.</u>						22b. ADDRESS <u>Shelbina, Missouri</u>			22c. DATE SIGNED <u>2-23-62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2/21/1962</u>		23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Shelbyville Mo</u>				
24. FUNERAL DIRECTOR <u>Barkelaw & Davis</u>					ADDRESS <u>Shelbina Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 24, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Lusille Freeman</u>		

(Licensed Embalmer's Statement on Reverse Side)

-62-009581

STATE FILE NUMBER

STATEMENT BY LICENSED EMBALMER

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

Student
Signature of Student Embalmer

Signed *Henry A. Barklee* -

Licensed Embalmer No. *3835* -
P. O. Address *Shelburne - Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure y
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.