

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

39-63-012537

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 4366 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | |
|---|--|
| FILED MAR 20 1963 | |
| <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Newton</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u> Length of stay in 1b <u>years</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Newton</u></p> <p>c. CITY OR TOWN <u>Granby</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>None</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>3. NAME OF DECEASED (Type or print) <u>James Harrison Connely</u> First Middle Last</p> | |
| <p>4. DATE OF DEATH <u>March 16, 1963</u> Month Day Year</p> | |
| <p>5. SEX <u>Male</u></p> | <p>6. COLOR OR RACE <u>White</u></p> |
| <p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p> | <p>8. DATE OF BIRTH <u>7-28-1879</u></p> |
| <p>9. AGE (last birthday) <u>83</u></p> | <p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired trucker</u></p> |
| <p>11. BIRTHPLACE (City and state or country) <u>Eldorado Springs, Kans</u></p> | <p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p> |
| <p>13a. FATHER'S NAME <u>Arthur Lee Connely</u></p> | |
| <p>13b. MOTHER'S MAIDEN NAME <u>Susan White</u></p> | |
| <p>14. NAME OF HUSBAND OR WIFE <u>Mrs. Erma Connely</u></p> | |
| <p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u></p> | |
| <p>16. SOCIAL SECURITY NO. _____</p> | |
| <p>17. INFORMANT <u>Mrs. Erma Connely, Granby, Missouri</u> Address _____</p> | |
| <p>18. CAUSE OF DEATH (Enter only one cause per line)</p> <p>PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Medullary failure</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebro-vascular accident</u></p> <p>DUE TO (c) <u>Hypertensive cardiovascular disease</u></p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>diabetes mellitus</u></p> <p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> | |
| <p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> | <p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p> |
| <p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p> | |
| <p>20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.</p> | |
| <p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p> | <p>20e. PLACE OF INJURY (e.g., in or about home; farm, factory, street, office bldg., etc.)</p> |
| <p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p> | |
| <p>21. I attended the deceased from <u>March 13, 1963</u> to <u>Mar. 16, 1963</u> and last saw her/him alive on <u>Mar. 16, 1963</u></p> <p>Death occurred at <u>11:10 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p> | |
| <p>22a. SIGNATURE (George or title) <u>Shelby O. Chesley</u> D.O.</p> | <p>22b. ADDRESS <u>Granby, Missouri</u></p> |
| <p>22c. DATE SIGNED <u>3/18/63</u> (State)</p> | |
| <p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p> | <p>23b. DATE <u>3-19-1963</u></p> |
| <p>23c. NAME OF CEMETERY OR CREMATORY <u>Newtonia I.O.O.F.</u></p> | <p>23d. LOCATION (City, town, or county) <u>Newtonia, Missouri</u></p> |
| <p>24. FUNERAL DIRECTOR <u>Shewmake Funeral Home Granby, Mo.</u> ADDRESS _____</p> | <p>25. DATE RECD. BY LOCAL REG. <u>3-19-63</u></p> |
| <p>26. REGISTRAR'S SIGNATURE <u>Maydene Belka</u></p> | |

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

Floyd E. Skumbed

Licensed Embalmer No. 4923

P. O. Address Box 218, Stanley, Missouri.

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.