

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32316**

FILED OCT 3 1951

BIRTH NO. _____		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>4514</u>		Registrar's No. <u>1819</u>			
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY <u>Sullivan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pennville</u>		1050			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of son in Green City</u>				d. STREET ADDRESS (If rural, give location) <u>No street address</u>				0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u>			b. (Middle) <u>Etter</u>			c. (Last) <u>Elyard</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1951</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>			8. DATE OF BIRTH <u>Nov. 20, 1869</u>			9. AGE (In years last birthday) <u>81</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm home</u>			11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>John S. Vance</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Bryson</u>			
14. NAME OF HUSBAND OR WIFE <u>George M. Elyard</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>None</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mannie Elyard, Green City, Mo.</u>			17. ADDRESS <u>Green City, Mo.</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION <u>M. Arterial Insufficiency</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <u>Sept. 6, 1951</u> , to <u>Sept. 22, 1951</u> , that I last saw the deceased alive on <u>Sept. 22, 1951</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.			23a. SIGNATURE (Degree or title) <u>R. D. Smith M.D.</u>			
23b. ADDRESS <u>Green City, Mo.</u>			23c. DATE SIGNED <u>Sept. 24, 1951</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>Sept. 25, 1951</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Lemons Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Lemons, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Sept. 28, 1951</u>			REGISTRAR'S SIGNATURE <u>Laura M. Galletly</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn E. Kent & Son, Green City, Mo.</u>			
25. ADDRESS <u>Green City, Mo.</u>			25. LICENSED EMBALMER'S SIGNATURE <u>Anabelle D. Casper, Deputy</u>			25. STATE			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1050

Date Received: OCT 1
DISTRICT HEALTH OFFICE #2
District File Number 10-51-1726
Date Filed: OCT 2

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
Student Embalmer

Signed

Earl R Kent

Licensed Embalmer No.

4689

P. O. Address

Green City, 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 this body is not embalmed, fact should be so stated above.