

FILED JAN 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **912**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Douglas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Vanzant, Mo.</b>		d. STREET ADDRESS <b>0340</b> <b>1</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Syfy Baptist Hosp</b>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lydia</b>		b. (Middle) <b>Elliott</b>	
c. (Last) <b>Elliott</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 13, 1954</b>	
5. SEX <b>Female</b>	6. COLOR OF RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>MAY 6, 1868</b>
9. AGE (In years last birthday) <b>85</b>	10. UNDER 1 YEAR (Months) <b>8</b>	11. UNDER 1 YEAR (Days) <b>7</b>	12. UNDER 1 MIN. (Hours) <b>1</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Evansville, Ind.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>Joseph Loaley</b>	13b. MOTHER'S MARRIED NAME <b>Sarah Jenkins</b>	14. NAME OF HUSBAND OR WIFE <b>John Elliott</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Will Elliott</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Branchial pneumonia</b>	
		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Exposure</b>	
		DUE TO (c) <b>Fracture left hip</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>E9040</b> <b>21</b>	
19a. DATE OF OPERATION <b>1-20-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Trans cervical fracture, left femur</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>VANZANT</b> <b>034 Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 10 54 6:00P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Fell feeding chickens</b>	
22. I hereby certify that I attended the deceased from <b>1-9</b> , 1954, to <b>1-13</b> , 1954, that I last saw the deceased alive on <b>1-12</b> , 1954, and that death occurred at <b>6:30A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Frank Lundstrom M.D.</b>	23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>1-15-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1-13-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Planer</b>	24d. LOCATION (City, town, or county) (State) <b>Vanzant, Mo</b>
DATE REC'D BY LOCAL REG. <b>1-16-54</b>	REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Grable, Winkle</b>	
		ADDRESS <b>mtu gray</b> <b>MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Frank Grabe

Licensed Embalmer No. 4140

P. O. Address 12th Street

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.