

FILED AUG 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr Freeman 26555  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>730</u>			
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield,</u>			c. LENGTH OF STAY (in this place) <u>2 months</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield, Rural-</u>			<u>0390</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Route 7</u>		S. Campbell Twp			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Martha</u>		b. (Middle) <u>Lutitia</u>		c. (Last) <u>Bennett</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 14, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>November 30, 1970</u>		9. AGE (In years last birthday) <u>79</u>	If UNDER 1 YEAR Months <u>8</u> Days <u>14</u>	If UNDER 4 HRS. Hours <u></u> Min. <u></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>In Home</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Samuel Wilson</u>			13b. MOTHER'S MAIDEN NAME <u>Stella Richesin</u>			14. NAME OF HUSBAND OR WIFE <u>George T. Bennett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George T. Bennett Springfield,</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					Mo. <u>039</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 14 50</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture R. Hip</u>		ANTECEDENT CAUSES <u>Gen Senility</u>					DUE TO (b) <u>Gen Senility</u>		DUE TO (c) <u>Age + Arteriosclerosis</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					Mo. <u>039</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Jan 14 50</u>
19a. DATE OF OPERATION <u>July 4 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Open Reddler</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>acc</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN OR TOWNSHIP (COUNTY) <u>Springfield, Greene</u>		21d. STATE (STATE) <u>MO</u>		21e. HOW DID INJURY OCCUR? <u>Struck Chair + Struck Floor</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 14 50 11:25 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 14, 1950</u> , to <u>Aug 14, 1950</u> , that I last saw the deceased alive on <u>Aug 13, 1950</u> , and that death occurred at <u>12:25 AM</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>S. Z. Freeman</u>				23b. ADDRESS <u>Springfield, MO</u>		23c. DATE SIGNED <u>8/14/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Creek</u>		24d. LOCATION (City, town, or county) <u>Springfield, Missouri</u>		24e. (State) _____	
DATE REC'D BY LOCAL REG. <u>8-15-50</u>		REGISTRAR'S SIGNATURE <u>WE Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home Springfield, Missouri</u>					

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

Oct 1 1950

SEP 12 1950

**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.

Signed.....

*Lewis G Schupp*

Signed.....

Student Embalmer

Licensed Embalmer No. ....

*3802*

P. O. Address.....

*Springfield, 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.