Health, Welfare Public Service

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FILED MAR 23 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-009017
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 272 B

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield Mo — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Ruffin Rest Home — Length of stay in 1b: 5wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Dade
c. CITY OR TOWN: Greenfield Mo 0290 0 — Inside Limits Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): Wells St — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Etta — Middle: — Last: Bennett

4. DATE OF DEATH: Month Mar Day 12 Year 1959

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Sept.29 1882 0

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 5, Days 13 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Greenfield Mo 0

12. CITIZEN OF WHAT COUNTRY?: usa

13a. FATHER'S NAME: Charles H Bennett

13b. MOTHER'S MAIDEN NAME: Delia Gardner

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Mrs Virginia Edwards Springfield Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hemorrhage, cerebral - Sudden death — INTERVAL BETWEEN ONSET AND DEATH: 00000
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): 33/X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] **NOT WHILE AT WORK** [ ]

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 to and last saw him alive on
I had checked her few days ago-found hypertension-No treatment had been started. Death was sudden.
Death occurred at 4:45A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. D. Musick, M.D. (Degree or title) c

22b. ADDRESS: Springfield, Missouri

22c. DATE SIGNED: 3,14,59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Mar 13 1959

23c. NAME OF CEMETERY OR CREMATORY: Greenfield

23d. LOCATION (City, town, or county) (State): Greenfield Mo

24. FUNERAL DIRECTOR: W.R. Allison — ADDRESS: Greenfield Mo.

25. DATE RECD. BY LOCAL REG.: 3-18-59

26. REGISTRAR'S SIGNATURE: Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

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 W.R. Allison

Licensed Embalmer No. 4494

P. O. Address Greenfield

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.