FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19420

BIRTH NO. _____ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6249 Registrar's No. 13

1. PLACE OF DEATH
a. COUNTY: WAYNE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLEAR WATER LAKE
c. LENGTH OF STAY (In this place): 4 HR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Piedmont Benton Twp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: CAPE GIRARDEAU
c. CITY OR TOWN: CAPE GIRARDEAU
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.F.D Box 41 0160

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): CHARLES
c. (Last): STRACK

4. DATE OF DEATH (Month) (Day) (Year): MAY 20 1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: MAY-24-1939
9. AGE (In years last birthday): 16 — If under 1 year: Months 11, Days 26 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT
10b. KIND OF BUSINESS OR INDUSTRY: SCHOOL
11. BIRTHPLACE (City and State or Foreign Country): COMMERCE, MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: BENNITT-STRACK
13b. MOTHER'S MAIDEN NAME: JULIA ANCEL
14. NAME OF HUSBAND OR WIFE: SINGLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ✓ (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: DENNIS LOTTES
ADDRESS: BOX 41 CAPE GIRARDEAU

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): SUFFOCATION — INTERVAL BETWEEN ONSET AND DEATH: 1 & 3 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ACCIDENTAL DROWNING
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CLEAR WATER LAKE
21c. (CITY, TOWN, OR TOWNSHIP): CLEAR WATER hill — (COUNTY): WAYNE — (STATE): MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): MAY 20 1956 6:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: SWIMING ACCIDENT

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23. SIGNATURE: Marvin E. Bomber — (Degree or title): Coroner
23b. ADDRESS: Piedmont, Mo.
23c. DATE SIGNED: MAY 21, 56
24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 20-56
24c. NAME OF CEMETERY OR CREMATORY: ST. MARYS-CEM.
24d. LOCATION (City, town, or county): CAPE GIRARDEAU — (State): MO.
DATE REC'D BY LOCAL REG.: May 21, 1956
REGISTRAR'S SIGNATURE: Hazel Ward
25. FUNERAL DIRECTOR'S SIGNATURE: Norman W. Stock
ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 2 1956
WAYNE CO. HEALTH CENTER
FILE No.

5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ..... Me ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 44

P. O. Address Piedmont

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.