

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20005**

FILED JUN 18 1956

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **5309** Registrar's No. **81**

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY ?			
b. CITY OR TOWN Boonville Twp.		c. LENGTH OF STAY (in this place) 1 Day	c. CITY OR TOWN Stella,		d. In Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Boonslick Fairgrounds			e. STREET ADDRESS (If rural, give location) ----			
3. NAME OF DECEASED (Type or Print) a. (First) Charles Ulysses			b. (Middle) Lake	c. (Last) Hornor	4. DATE OF DEATH (Month) (Day) (Year) June 13 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH NOV. 14 - 1939	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Circus Worker for the Summer		10b. KIND OF BUSINESS OR INDUSTRY Nebraska City Nebr.	11. BIRTHPLACE (City and State or Foreign Country) U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Charles L. Hornor		13b. MOTHER'S MAIDEN NAME Esther Harner	14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 505-44-1145	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sheriff of Cooper Co. Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning (accidental)			INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES DUE TO (b) DUE TO (c)			
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9294 42			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fair grounds		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Boonville Twp Cooper Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13, 1956 5:15 P.M.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Swimming in Lake				
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 5:15 P.M. , from the causes and on the date stated above.						
23a. SIGNATURE T. C. Beckett M.D. (Degree or title)			23b. ADDRESS Boonville, Mo		23c. DATE SIGNED 6-14-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/14/56	24c. NAME OF CEMETERY OR CREMATORY Dept. Coroner W. Y. Ka	24d. LOCATION (City, town, or county) (State) Nebraska City Nebr.			
DATE REC'D BY LOCAL REG. 6/14/56	REGISTRAR'S SIGNATURE D. Hooper		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Goodman & Boller, Boonville, Mo.			

(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.....
Signature of Student Embalmer

Signed *William W. Wood*.....

Licensed Embalmer No. **453**
P. O. Address **Boonville,**.....

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