

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-020316

FILED JUL 13 1959 10

Primary Registration District No. 5033

Registrar's No. 134

STATE FILE NUMBER

UNENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY		Audrain		a. STATE		Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only)		Loutre		c. CITY OR TOWN		St. Louis	
OR TOWN		Length of stay in 1b		Inside Limits		Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location)		HOSPITAL OR Diggs Wildlife Area		d. STREET ADDRESS (If outside, give location)		Reside on Farm	
INSTITUTION		So. of Martinsburg, Mo.		4611 Evans		Yes ☐ No ☒	
3. NAME OF DECEASED				4. DATE OF DEATH			
First Middle Last				Month Day Year			
Lorenzo Leandrew Benson				July 5, 1959			
5. SEX		6. COLOR OR RACE		7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH	
Male		Negro				12-27-06	
9. AGE (last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
52		Chef-MoPac RR		Railroad		Simmons, W. Va.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
U. S. A.		George D. Benson		Lillia Robinson		Azella Benson	
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		Address	
Yes		WW # 2		702-14-1664		Mrs. Azella Benson 4611 Evans St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Drowning</u>							
CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Interval between onset and death</u>							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
PART III. If deceased was female was there a pregnancy in last 90 days.							
☐ Yes ☐ No ☐ Unknown							
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
				Fall out the back of boat			
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 <u>Never</u> to <u>Never</u> and last saw her alive on <u>Never</u>							
Death occurred at <u>9:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<u>William J. Gentry</u>				<u>1120 Clark Street</u>		<u>7-6-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Removal		7/5/59		Greenwood Cemetery		St. Louis, Missouri	
24. FUNERAL DIRECTOR				25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
Gates Funeral Home St. Louis, Mo.				July 5-1959		Blanche Neely	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6300 00 700

0961 9 1 700

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 _____

Licensed Embalmer No. 1825

P. O. Address 4109 Quincy

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.