	CERTIFICATE OF DE		Local File Number					State File Number									
TYPE OR PRINT	CERTIFICATE OF DEATH/ STATE OF GEORGIA Birth Number DECEDENT'S NAME (First, Middle, Lost)													F DEATH (Mo., Day, Year)			
IN PERMANENT	18 Christopher	ael Benc				1b.			2 Male			Found June 25					
BLACK OR BLUE-BLACK	RACE (White Black Amer Indian	ORIGIN OF DECEDENT (kalian, Mex., D			DATE OF BIRTH (Mo., Day, Year)			-Last Birthday UNDER		1 YEAR	EAR UNDER 1 DAY		COUNTY OF D				
INK	(Specify) White	French, English, est . Canadi	L Ma	May 21,1967			40	Mos. 7b.	Days	Hours 7c.	Mins.	8a. Faye	tte				
	CITY, TOWN or LOCATION OF DE	HTA	3 .	ER INSTITUTION NAM				78.		170.	IF HOS	PITAL OR INS	ST. (indical	DOA, OP/EMI	ER. Rm.,		
DECEASED	8b. Fayettevill	ow T.a	w Lane- Residence					IF HOSPITAL OR INST. (Indicate DOA, OP/EMER. Rm., Inpatient) (Specify) NA									
DEOLAGED	STATE AND COUNTY OF BIRTH		F WHAT COUNTRY? MARRIED, NEVE			ER MARRIED. SPOUSE (If r			married or widowed, give spouse's			neme - if wife, give WAS DECEDENT EVER IN					
Usual Residence Whem Deceased	STATE AND COUNTY OF BIRTH (If not in USA, name Country) Canada	222242	nada 11. Marri			* * * * * * * * * * * * * * * * * * * *			ncy Elizabeth			U.S. AR. Yes or					
Where Deceased Lived. If Death Occurred in Institution, See	10a. SOCIAL SECURITY NUMBER	10b. (Canada	11. MG I						FINDUSTR			LOHI	13.	No		
Handbook Ke-								15b. Entertainmen									
garding Com- pletion of Residence Items.	14. 258-95-0035 RESIDENCE - STATE	COUNTY	15a. Sport	5a. Sports Entertai			INMENT TY, TOWN or LOCATION			Enter		LUMBER AUTOR					
						•					30215 (Yes or No)						
	16a. GA		ayette			yetter	/ille	CNIA	1	U Gre	een	Meado		ne 16e.	No		
PARENTS	FATHER'S NAME	First	Middle	1	Last		IU IHEKS MAID	EN NAM	٠,			******	18C	Lasi			
PARENIS	17. Michael		John	Benc			. Marg				Ell	en		Masor			
INFORMANT	INFORMANT'S NAME FI	st	Middle	Last	MAILING	252345	Range	Rd	own, <i>Stelle</i> . 7	lp)				RELATIO	UNSHIP		
THE CANDAIN			Benoit		19b. Al	berta,	Canac	la,	T8G1	A				19c. F	ather		
1		OSITION DA	TE	CEMETERY OR CRE	MATORY N	ME				(City or Ton stell		Zip, County	106				
	20a Cremation 20b.		2007	20c Profes	siona	l Crem	nation	sv	20d.	J C C I I	.,			COBB			
DISDOSITION	FUNERAL DIRECTOR (Signature)	} ,	1.1	FUN. DIR. LICENS			DORESS OF F			O. No., City o	or Town,	State, Zip)	E	ST. LICENSE N	v O.		
DISPOSITION	21a. 21b. 3664					Car	. T. T.	lowe	3 [[Son 1	Fijne	neral					
	EMBALMER (Signature)					Carl J. Mowell & Son Fu						21f. 1422					
	21d. Not Embalmed 21e 21c. Peachtree C.																
Conditions, If Any, Which Gave Rise To	PART 23. IMMEDIATE CAUSE:			(Enter only one	cause per							pproximate in	iterval betwe	en onset and d	eath		
mmediate Cause Stating The Under-	Hanging																
ying Cause Last.	/ Due to, or as a consequence of:											Approximate interval between onset and death					
	Due to, or as a consequence of:									Ā	Approximate interval between onset and death						
	(c																
CAUSE OF	PART 24. OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to ill iff immale, indicate if pregnant or birth occurred within 90 days of death.)						ause given in Part IA. AUTOPSY (Yes or) IF YES, WERE FINDINGS CONSIDERED IN DETER- MINING CAUSE OF DEATH? (Yes or No.)					
DEATH	In minute, and one of magnitude of the state of the s					_{25a.} Ye					25b. Yes						
finfant Death	WAS OPERATION PERF	ORMED?	DATE OF	OPERATION (Mo., D	ey, Year)	CON	DITIONS FOR V	VHICH O			RMED	(Specify)					
f infant Death, Indicate Birth Certificate No.	26a. NO		26b.			26c.								-			
of Male(s).	ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED DATE OF INJURY (Mo., Day,											HOUR OF INJURY					
	(Specify) 27. Suicide 28a. Undetermin					ed 286 Hanging								_{sc.} Unkn	lown "		
ŀ	INJURY AT WORK? (Yes or No.)	ACE OF INJURY (Ho	INJURY (Home, Farm, Street, Factory, Office,			LOCATION (Street, R.F.D. No., City or Town,				tata 7in Countri							
i	No	.) (Specify)	Home								e, Fayetteville, GA						
	28d. 29a. To the best of my kn	due to the	28f. 130 Green Meadow Lane								111e,						
ſ	cause(s) stated. (Signeture and Title)	># >	On the buffs of examination and/or investigation, in my opinion death occurred at the time, date and date in due to the cause(s) stated. (Stoneuments/186)														
j	<i>à</i> ≻ ▶												Leady Maner				
	DATE SIGNED (Mo., Day, Year) HOUR OF DEA					ATH M SECTION (Signed under 17 7 7 8 9) ATH ATH ATH ATH ATH ATH ATH AT						HOUR OF DEATH					
CERTIFIER			M 영향 30 July 12 2007					17	Jo Unknown "								
	296. M 296. July 12 2007 AME OF ATTENDING PHYSICIAN F OTHER THAN CERTIFIER 296. M 296 AME OF ATTENDING PHYSICIAN F OTHER THAN CERTIFIER										ay, Yes	Year) HOUR PRONOUNCED DEAD					
YPE OR PRINT	<u>و</u> قا								June			_	-	De. AT 3:	42 PM		
_ H	29d, NAME, TITLE, AND LICENSE NO. C	F CERTIFIE	R (Physician, Medic	pal Examinar, or Coro	1e <i>r</i>)		300		PESS OF C	ERTIFIER	Street, F	7.F.D. No., CA	ly or Town,	State, Zip)	72 111		
	31a C. J. MO	T Faw	.Tr Co	roner	PHYS.				P. O.	. Box	46	2,			ı		
	REGISTRAR (Signature)	MCTT	··· (C	. Tollet	LIC. NO.			31E	raye	trev		e, GA		L4 AR (Mo., Day, '	Year)		
REGISTRAR		- 1/	· ~	44/							-	Tul	116	1 2 4	177		
	22a.		// / -	Naw	2.0						22b. 🥄						

"CERTIFICATE OF RECORD"

This is an exact copy of death certificate received for filing in Fayette County, Georgia

Signed by: Yeling A

County of Fayette