

**STANDARD CERTIFICATE OF DEATH**

State File No. **15233**

**FILED APR 27 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **276** PRIMARY REG. DIST. NO. **4410** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Mo.</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St James</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bourbon, Mo.</b>	
c. LENGTH OF STAY (in this place) <b>6 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>0280</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Soldiers Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Benzick</b> c. (Last) <b>Benzick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 17-1953</b>		
---	--	--	--	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>Mar. 19, 1885</b>	9. AGE (In years last birthday) <b>68</b>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MRS. Hours _____ Mins. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Navy Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Minnesota</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	--	--	---	--

13a. FATHER'S NAME <b>J. J. Benzick</b>	13b. MOTHER'S MAIDEN NAME <b>Sophie Souton</b>	14. NAME OF HUSBAND OR WIFE <b>-</b>
---	--	--------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes - World War #1</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Soldiers Home office - St James Mo.</b>	ADDRESS <b>-</b>
--	----------------------------------	--	------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Cold</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 years</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Metastasis</b>		
	DUE TO (c) <b>-</b>		
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 <b>153X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR
--	---	---------------------------

22. I hereby certify that I attended the deceased from **Jan 25, 1952**, to **April 17, 1953**, that I last saw the deceased alive on **April 17, 1953** and that death occurred at **5:10 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Wm. D. Potts M.D.</b>	23b. ADDRESS <b>St. James, Mo.</b>	23c. DATE SIGNED <b>4/21/53</b>
---	------------------------------------	---------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 20, 1953</b>	24c. NAME OF CEMETERY OR CREMATOR <b>Soldiers Home Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St James, Mo.</b>
--	---------------------------------	---	--

DATE REC'D BY LOCAL REG. <b>4-21-53</b>	REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoener Funeral Home - Bourbon Mo.</b>	ADDRESS <b>-</b>
---	---	---	------------------

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

JUL 2 1953

MAY 20 1953

MAY 8 1953

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 \_\_\_\_\_

*ME*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Orval E. Tooley*

Licensed Embalmer No. *3766*

P. O. Address *57 James*

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 this body is not embalmed, fact should be so stated above.