

FILED FEB 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5827

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Pulaski 0850		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Wisconsin b. COUNTY Iowa	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Fort Leonard Wood		c. CITY OR TOWN Mineral Point	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION US Army Hospital 0		No. STREET ADDRESS (If rural, give location) RFD #2 8140g	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Charles	c. (Last) Benson	4. DATE OF DEATH (Month) (Day) (Year) February 9, 1955
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5. SEX Male 0	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0	8. DATE OF BIRTH 31 July 1934	9. AGE (in years last birthday) 20	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Soldier	10b. KIND OF BUSINESS OR INDUSTRY US Army	11. BIRTHPLACE (City and State or Foreign Country) Mineral Point, Wisconsin /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Arthur J. Benson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE - - -
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) 6 Dec 54 to date	16. SOCIAL SECURITY NO. - - -	17. INFORMANT'S SIGNATURE OR NAME J.P. DONNELL, CWO, USA	ADDRESS US Army Hospital Ft Leonard Wood, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema, pulmonary		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES DUE TO (b) Fibrosis, pulmonary		4-5 years
	DUE TO (c) Rheumatic heart disease, acute		7 days
II. OTHER SIGNIFICANT CONDITIONS Endocarditis, subacute, bacterial		3-4 days	
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary infarctions, multiple		3-4 days	

19a. DATE OF OPERATION - - -	19b. MAJOR FINDINGS OF OPERATION - - -	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 5 February 1955, to 9 February, 1955, that I last saw the deceased alive on 9 February 1955, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE William R Beisel (Degree or title) WILLIAM R. BEISEL, Major, MC	23b. ADDRESS US Army Hospital Fort Leonard Wood, Missouri	23c. DATE SIGNED 10 Feb 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/11/55	24c. NAME OF CEMETERY OR CREMATORY UNKNOWN	24d. LOCATION (City, town, or county) (State) Mineral Point Wisconsin
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DATE REC'D BY LOCAL REG. 2-11-55	REGISTRAR'S SIGNATURE Paula G. Anderson	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedger, Jheria, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 8-18-55
File Number
Public Health Officer
8-11-55

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 *Clarence Gross*

Licensed Embalmer No. 4896

P. O. Address *Waynesville,*

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.