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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26749

FILED SEP 6 1955

BIRTH NO. REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 188

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| 1. PLACE OF DEATH a. COUNTY <i>Jefferson</i> | | 2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Jefferson</i> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Meramec</i> | | c. CITY OR TOWN <i>Rural Meramec</i> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <i>30 yrs</i> | | e. STREET ADDRESS (If rural, give location) <i>Meramec Township Catawissa RR#1</i> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Meramec Township</i> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <i>EDWARD</i> b. (Middle) <i>GEORGE</i> c. (Last) <i>BEVENZLER</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>8-20-1955</i> | | |
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| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>Jan 25-1897</i> | 9. AGE (In years last birthday) <i>78</i> | 10. MONTH <i>8</i> | 11. DAY <i>20</i> | 12. YEAR <i>1955</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i> | | 10b. KIND OF BUSINESS OR INDUSTRY <i>Own farm</i> | | 11. BIRTHPLACE (City and State or Foreign Country) <i>Catawissa Mo RR#1</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>USA</i> | |

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| 13a. FATHER'S NAME <i>Christian Benzler</i> | | 13b. MOTHER'S MAIDEN NAME <i>WILHELMINA BESTLAIN</i> | | 14. NAME OF HUSBAND OR WIFE <i>Josephine Bergstrom</i> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no no</i> | | 16. SOCIAL SECURITY NO. <i>none</i> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Louis E. Benzler</i> | |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Artemia - chronic</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>9 days</i> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cerebral thrombosis</i> | | |
| | DUE TO (c) <i>Arteriosclerosis hypertension</i> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>332X</i> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from *Aug 12, 1955*, to *Aug 20, 1955*, that I last saw the deceased alive on *Aug 17, 1955*, and that death occurred at *12:30* A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>C. L. Ruffer D.O.</i> | 23b. ADDRESS <i>Pacific Mo</i> | 23c. DATE SIGNED <i>Aug 22/55</i> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24b. DATE <i>Aug 23-55</i> | 24c. NAME OF CEMETERY OR CREMATORY <i>Oak Ridge</i> | 24d. LOCATION (City, town, or county) (State) <i>Catawissa RR#1 Mo</i> |
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| DATE REC'D BY LOCAL REG. <i>8-27-55</i> | REGISTRAR'S SIGNATURE <i>Ruth J. ...</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Primmer Funeral Home Haver Springs Mo</i> |
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(Licensed Embalmer's Statement on Reverse Side)

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

5500

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 31 1955

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 *Francis J. Wyland Jr.*.....

Licensed Embalmer No. *45*.....

P. O. Address *St. Louis, Mo.*.....

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.