

56-1869

United States Department of the Interior  
National Park Service

# National Register of Historic Places Registration Form

This form is for use in nominating or requesting determinations for individual properties and districts. See instructions in National Register Bulletin, *How to Complete the National Register of Historic Places Registration Form*. If any item does not apply to the property being documented, enter "N/A" for "not applicable." For functions, architectural classification, materials, and areas of significance, enter only categories and subcategories from the instructions.



### 1. Name of Property

Historic name: Benedictine Heights Hospital

Other names/site number: Logan County Hospital

Name of related multiple property listing:

N/A

(Enter "N/A" if property is not part of a multiple property listing)

### 2. Location

Street & number: 2000 West Warner Street

City or town: Guthrie State: Oklahoma County: Logan

Not For Publication:  Vicinity:

### 3. State/Federal Agency Certification

As the designated authority under the National Historic Preservation Act, as amended,



I hereby certify that this X nomination \_\_\_ request for determination of eligibility meets the documentation standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60.

In my opinion, the property X meets \_\_\_ does not meet the National Register Criteria. I recommend that this property be considered significant at the following level(s) of significance:

\_\_\_ national \_\_\_ statewide X local

Applicable National Register Criteria:

X A \_\_\_ B X C \_\_\_ D

 Signature of certifying official/Title:	 Date
State or Federal agency/bureau or Tribal Government	

In my opinion, the property ___ meets ___ does not meet the National Register criteria.	
Signature of commenting official:	Date
Title :	State or Federal agency/bureau or Tribal Government

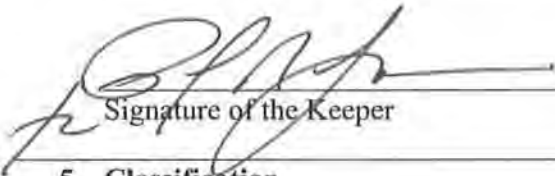
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**4. National Park Service Certification**

I hereby certify that this property is:

- entered in the National Register  
 determined eligible for the National Register  
 determined not eligible for the National Register  
 removed from the National Register  
 other (explain:)

  
Signature of the Keeper

12/4/2017  
Date of Action

**5. Classification**

**Ownership of Property**

(Check as many boxes as apply.)

- Private:   
Public - Local   
Public - State   
Public - Federal

**Category of Property**

(Check only one box.)

- Building(s)   
District   
Site   
Structure   
Object

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**Number of Resources within Property**

(Do not include previously listed resources in the count)

Contributing	Noncontributing	
<u>2</u>	<u>0</u>	buildings
<u>0</u>	<u>0</u>	sites
<u>0</u>	<u>0</u>	structures
<u>0</u>	<u>0</u>	objects
<u>2</u>	<u>0</u>	Total

Number of contributing resources previously listed in the National Register 0

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**6. Function or Use**

**Historic Functions**

(Enter categories from instructions.)

Health Care: Hospital

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**Current Functions**

(Enter categories from instructions.)

Vacant/Not in Use

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## 7. Description

### Architectural Classification

(Enter categories from instructions.)

Late 19<sup>th</sup> and 20<sup>th</sup> Century Revivals: Classical Revival

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**Materials:** (enter categories from instructions.)

Principal exterior materials of the property: Brick

### Narrative Description

(Describe the historic and current physical appearance and condition of the property. Describe contributing and noncontributing resources if applicable. Begin with a **summary paragraph** that briefly describes the general characteristics of the property, such as its location, type, style, method of construction, setting, size, and significant features. Indicate whether the property has historic integrity.)

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### Summary Paragraph

Construction of the building that would become the Benedictine Heights Hospital in Guthrie, Oklahoma began in 1926 but was not completed until 1948. The hospital is located north of the intersection of North 19<sup>th</sup> Street and West Warner Avenue in northwest Guthrie. North 20<sup>th</sup> Street forms the west boundary of the property, as does North Mansur Avenue on the north. A narrow, paved driveway to the east of the hospital separates the property from nearby, single family residential development. The driveway extends around the perimeter of the hospital. Immediately to the south of the hospital are several commercial buildings with additional single family residential development further south. A residential nursing facility is located to the west of the historic hospital. The site slopes down from the south to the north and west.

The property includes two buildings, the hospital and a boiler plant / ambulance garage. The 125,000 square foot hospital is an “L” shaped, five story building, plus a basement, and constructed of a concrete column and beam structure with concrete floor slabs. Designed in the Classical Revival style, the concrete frame is clad in brick and limestone accents including a stone clad entrance, stone watertable, belt courses, and window sills. The boiler plant / ambulance garage, of no distinctive style, is about 3,000 square feet. It is a clear span structure

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with concrete floors and load bearing brick walls exposed on the exterior and interior. The roof is supported with shallow steel trusses and metal joists. There is a wood framed non-historic addition to the north. Both buildings retain a high degree of integrity.

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**Narrative Description**

The Benedictine Heights Hospital property includes two buildings: 1) the hospital building and 2) the laundry/boiler plant/ambulance garage building.

**The Hospital Building (contributing)**

The hospital is flat-roofed with stone parapet caps. It is a six story (a basement and five above grade levels) L-shaped building with a limestone foundation band that extends to about one foot below the head height of the basement windows. The building has about 225 window openings. Most windows are wood framed, hung. Nearly two-thirds of the windows also have transom panels. The basement through fourth floors are red brick with stone accents. The fifth floor is stucco on the front and east side and red brick on the west side and the back. The two elevator penthouses that extend nearly a story and a half above the fifth floor are set back from the front, aligned with the back face of the building and clad with red brick on all sides. The building is L-shaped with the main portion of the building oriented east and west and the leg of the "L" extending toward the front (south) forming the east wing. The building has approximately 125,000 square feet and is finished in the Classical Revival style.

A cornice and belt course are present on the façade and the east and west sides at a level a small distance above the First Floor window head height. A matching cornice and belt course are present in a similar location above the head height of the fourth floor. The façade and the east and west sides also have rusticated brickwork on the first floor with every seventh row inset. All brick veneered walls are topped off with a cast stone parapet cap. The stucco walls of the fifth floor are edged in metal and a metal gutter.

**South Elevation Main Wing**

The façade, south elevation, is mostly symmetrical. Originally designed to have a matching, projecting east and west wings, only the east wing was constructed, thus throwing off the originally designed complete symmetry. The west end of the façade is without openings and reflects the stair tower on the interior. It is also punctuated at each floor level with exposed concrete brackets with visible exposed reinforcing bar. These brackets would have been the connection points for the planned west wing.

The center portion or main portion of the hospital is completely symmetrical. The main entrance is centered on this center portion. This entrance is set off from the typical brickwork by a cut stone frontispiece about one and one-half stories tall. The pair of entrance doors with transom occurs at the center of the frontispiece at the top of a run of six ascending steps. The

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doors/transom are amplified with engaged columns on either side that support a broken pediment that has some missing and damaged stone pieces. The stone on either side of this centermost section projects forward by a few inches and these projections are a few inches shorter than the centermost portion. Each projection contains an arched top niche. Projecting from these to end sections are two pedestals, one on either side. The pedestals originally supported one pole mounted Gothic influenced light fixture which are no longer extant. The steps up to the doors are flanked by these projecting pedestals. There is a small stone cornice at the very top of the frontispiece. Another larger and more elaborate cornice is located a few feet below the one at the very top. Between the two cornices and centered above the doorway is a monument with attached letters reading,

“LOGAN COUNTY  
MEMORIAL  
HOSPITAL”

There are three double hung with transom windows evenly spaced on either side of the frontispiece at the basement and first floor levels. Above the frontispiece there are three evenly spaced wood hung windows on the second and third floors. Filling the space from the head of the windows on the second floor and the sill of the windows on the third floor is a continuous horizontal band of decorated stone panels that is as wide as the frontispiece. The heads of the east and west third floor windows are embellished with precast stone hoods and the center units of both floors are flanked with stone engaged columns, and the third floor unit is topped with an arched, decorated stone panel. The basement has three windows, partially in window wells with sills below grade, on each side of the frontispiece. The first floor has four windows with transoms on each side of the frontispiece. The second through fourth floors have nine similarly spaced windows, including the three center units per floor above the frontispiece. The windows vary in size with the larger units on the second and third floors having transoms. The windows are aligned in vertical rows from floor to floor. The articulation of the frontispiece continues above the pre-cast stone belt course and cornice above the fourth floor windows with a stepped parapet. Centered in the field of brick below the precast stone parapet cap is a cartouche with a leaf festoon on each side. The parapet and cap above the cartouche is arched. A keystone is articulated at the center of the arched parapet cap.

At either end of the long center portion of the hospital, the façade steps back for about seven feet deep. The façade of the inset portion is about ten feet wide. The east and west sides of the inset each have one window per floor in vertically aligned on all floors except the first floor where the opening is a door. There is one window per floor, vertically aligned, and centered on each inset façade. East of the east inset springs the hospital’s east wing. At the west end of the west inset would have been the west wing, which was not constructed. The fifth floor is set back from the building face. The long center portion of the fifth floor façade is divided into three bays of nearly equal length. Eastward, and beyond the center section of the façade, the fifth floor extends just short of the east elevation of the floors below. The west side of the fifth floor center section

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terminates at the five story tall, brick clad, portion of the building to which the west wing would have attached if it had been constructed as originally conceived. The center bay of the center section of the fifth floor facade contains three pairs of three hung windows. The center bay projects forward of the flanking end bays. There are three, evenly spaced, windows in each of the flanking bays. An additional narrow window is at the east end of the east bay. The east wing of the hospital is only four stories tall. The fifth floor extends eastward but is inset from the east building elevation. There are two windows on façade of this section on the fifth floor. The fifth floor façade is stucco clad.

West Elevation Main Wing

The line setting the cast stone base on the south façade maintains its level on the west elevation while the grade slopes down from the front (south) to the back (north). This elevation is dotted with projecting concrete brackets set in place as points of attachment for the originally anticipated west wing. The brackets occur at about window head height on every floor and on each end of each section of brick wall. The north about one-third of this side of the building steps back for about 15 feet for every floor above the basement level. At the basement level which does not step back there is a flat roof and a parapet with cast stone cap. The remaining south end of the west side has two vertical rows of windows. The five windows on the south side are one-half level above each of the five on the north side and respond to the stairway landings on the interior. The stairwell windows are slightly smaller than the full size units to the north. The projecting cast stone cornice slightly above the line of the first floor window heads is interrupted by the stairway landing window one-half level above the first floor. The elevation is capped off at the parapet of the fifth floor which has a cast stone cap. The inset, northernmost end of the west elevation has one vertical row of windows on the first through fifth floors. This portion of the elevation does not have the projecting cast stone cornices on the remainder of the west side. All of the windows have cast stone sills. There are two full sized window openings on the basement level, however, they are boarded up as are the majority of the windows on this side.

North Elevation

The northwest corner of the main wing is a one-story basement room with a flat roof and a parapet with cast stone cap as described on the west elevation. The typical cast stone water table is absent from the north elevation of this small part, but continues across the rest of the elevation at the ½ story height of the south elevation. With the exception of the basement level, the fenestration pattern is the same from floor to floor from the first floor through the fifth with a few exceptions, the most obvious being at the 4<sup>th</sup> floor where window openings are filled with glass block for the portions of the elevation that correspond to the interior locations of the operating rooms, which occurs in three places with one wider than all other openings and occurring at the two westernmost units plus the brick area between them. Starting at the west end of the north elevation, inset by the depth of the basement room, this width of brick wall has one vertical row of windows from the first through to the 5<sup>th</sup> floor. The next vertical row of windows occurs just to the west of the west elevator shaft protrusion, which is windowless and

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extends about 1-1/2 stories above the fifth floor roof, and is a pair of smaller windows with those on floors two through four have transoms. The next three vertical rows of windows are exactly vertically aligned and are above the emergency entrance, now at grade at the basement level. The balance of this portion of the north elevation in this plane has 4 or 5 windows per floor, roughly in vertical alignment, until the building face insets for a distance of about 3 feet. Within the inset there are two vertical rows of smaller windows set to the west of the inset, the east of the inset being without openings save the basement which has a small projection/addition with a shed roof and a small door. This unfenestrated section of wall extends 1-1/2 stories above the fifth floor roof and corresponds to the east elevator shaft. The next portion of the north façade projects out and contains the incinerator chimney and the cast stone base is a full story tall at this structure. The remaining portion of the north elevation has two more vertical rows of windows. The fifth floor is set back on the east elevation and the projecting 1<sup>st</sup> and 4<sup>th</sup> floor cast stone cornices from the east elevation wraps around to the north for the same distance as the inset of the fifth floor. The height of the stone foundation base matches the height of the same on the east elevation.

East Elevation

The more decorative brickwork returns on the east elevation. With nine vertical rows of windows, the projecting cornices at the first floor and the fourth floor combine to express the ordered design of this façade. There are no entrances on this elevation, although the fifth floor is inset from the east building face and contains a doorway to the roof over the fourth floor. The east side of the fifth floor is stucco clad.

South Elevation East Wing

The south elevation of the east wing is formal and symmetrical. There are three windows per each of the four floors forming three vertically aligned rows. The middle vertical row of windows is also offset by cast stone work that replaces the brick between the second floor and the fourth floor. The two sides of the stone panel are articulated by pilasters with articulated bases resting on the projecting cornice between the first and second floors and articulated capitals at the level of the third floor window transom with a decorated architrave. Another set of pilasters begins with articulated bases and capitals extending the height of the fourth floor. The panel between the head of the second story window and the sill of the third story window retains an ornate cartouche with "B" in the middle. Another cartouche with an urn occurs above the head of the third floor window and below the sill of the fourth floor.

West Elevation East Wing

This elevation continues the formality associated with the primary façade with five vertical rows of windows. The windows alternate in size with each floor level similar to the one above and below. The two ends and the middle have hung windows with a transom, the other two units are smaller and correspond with the spaces on the interior with the small windows at bathrooms and the larger units with patient rooms.



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**The Boiler Plant/Laundry/Ambulance Garage (contributing)**

This accessory building is one story, brick-clad, and has a flat roof. It has a non-historic wood framed and finished addition to the north that encloses the one car wide projection for the ambulance garage. The boiler plant floor - located on the west portion of the building - is about one-half story below the floor level of the rest of the building.

East Elevation

The façade, east elevation, of the laundry building contains the primary entrance. The entrance contains a wide door with side with full height side lights and a semi-circular flat concrete awning. The original autohouse is located north and in alignment with the façade and has one garage door.

South Elevation

The two large metal window openings on the west end of the south side elevation open to the boiler plant portion of the building. Just east of these windows is a garage door which is set about one-half level lower than the windows adjusting for the lower floor height of that space. The windows to the east complete the elevation with five metal framed windows with every other one twice as wide as the units on either side in a pattern of wide, narrow, wide, narrow wide.

West Elevation

The west elevation has three tall and narrow metal framed window units evenly spaced along the elevation. To the south of the middle unit is a pedestrian doorway with transom.

North Elevation

The north elevation has a later wood framed addition that is in poor condition and obscures the original brick façade. The wood framed addition likely accommodated more cars (likely ambulances) than the original building which retains a brick clad projection indicated as an autohouse on the Sanborn maps. It appears that the wood addition did not have any openings. The autohouse likely accommodated the hospital ambulance. The remainder of the original brick clad elevation has metal framed windows similar to those of the south elevation.

**Site**

The land area associated with the hospital has been historically developed to include parking along the south side of the property on the north side of West Warner Avenue. Two driveways were included with the completed construction of the hospital in 1948, one on the east side and one on the west side of the hospital building. The driveways extend to the back of the building to a wider area used for parking. Another driveway extends south to the back of the building from

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West Mansur Avenue to the north. It passes on the east side of the Boiler/Laundry/Ambulance Garage. A formal sidewalk extends from the north side of West Warner Street to the entrance of the hospital building. It is a wide double sidewalk with a planted bed in between the double sidewalk. There is an earthen mound west of the west driveway. The remainder of the land area west of the mounded earth slopes down in elevation toward North 20<sup>th</sup> Street. This land area is undeveloped with turf and some trees and shrubs in no apparent design.

**Alterations:**

The hospital building appears to have been relatively unaltered. The torchiere styled lamps on the pedestals at the main entrance are no longer extant. The main doors are aluminum framed storefront styled replacement doors. The west entrance on the back of the building (basement level) has a more modern lighted sign and a concrete framed awning with concrete columns that can be dated to 1963. The double doors at this entrance are aluminum framed storefront styled doors. Above these doors on the first floor are three original window openings that have aluminum framed replacement windows. The boiler/laundry/ambulance garage building has a wood framed addition to the south side. Alterations to the interior include vinyl flooring, thin set and glued on wall tiles and acoustical ceiling tiles. The corridor locations appear to be unaltered.

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### 8. Statement of Significance

#### Applicable National Register Criteria

(Mark "x" in one or more boxes for the criteria qualifying the property for National Register listing.)

- A. Property is associated with events that have made a significant contribution to the broad patterns of our history.
- B. Property is associated with the lives of persons significant in our past.
- C. Property embodies the distinctive characteristics of a type, period, or method of construction or represents the work of a master, or possesses high artistic values, or represents a significant and distinguishable entity whose components lack individual distinction.
- D. Property has yielded, or is likely to yield, information important in prehistory or history.

#### Criteria Considerations

(Mark "x" in all the boxes that apply.)

- A. Owned by a religious institution or used for religious purposes
- B. Removed from its original location
- C. A birthplace or grave
- D. A cemetery
- E. A reconstructed building, object, or structure
- F. A commemorative property
- G. Less than 50 years old or achieving significance within the past 50 years

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**Areas of Significance**

(Enter categories from instructions.)

Health and Medicine

Architecture

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Period of Significance**

1926-1964

\_\_\_\_\_  
\_\_\_\_\_

**Significant Dates**

1926

1948

\_\_\_\_\_

**Significant Person**

(Complete only if Criterion B is marked above.)

N/A

\_\_\_\_\_  
\_\_\_\_\_

**Cultural Affiliation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Architect/Builder**

Edward Gahl, Architect

Leon B. Senter, Architect

Manhattan Construction Co.

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**Statement of Significance Summary Paragraph** (Provide a summary paragraph that includes level of significance, applicable criteria, justification for the period of significance, and any applicable criteria considerations.)

The Benedictine Heights Hospital in Guthrie is eligible for listing in the National Register of Historical Places under Criteria A and C. The hospital is locally significant under Criterion A for its association with health and medicine, specifically as it relates to medical history in Guthrie. The hospital is significant under Criterion C as an outstanding, early example of a large scale, freestanding hospital designed in the Classical Revival style. Initial plans were designed by Edward Gahl in 1926, but when the hospital construction lay fallow for years, the final design was prepared by renowned Oklahoma Architect, Leon B Senter.<sup>1</sup>

**Narrative Statement of Significance** (Provide at least **one** paragraph for each area of significance.)

Throughout its history, the story of this hospital has been one of stops and starts, tremendous promise and utter failure. Started by the Methodist Episcopal Conference, completed by a group of Benedictine Sisters, then abandoned by a group of Franciscans, the hospital's history is complicated. Ultimately, it is reflective of pioneer struggles to bring modernity to their outpost on the plains. The Benedictine Heights Hospital was the culmination of decades of effort on the part of Guthrie residents, medical professionals, and religious leaders to provide quality health care in Guthrie, the territorial and original state capital.

The Benedictine Heights Hospital was locally significant from the beginning of its construction in 1926 through its completion in 1948. The period of significance continues thru 1964, when the facility became functionally obsolete and the Benedictine sisters relinquished control of day to day operations. Although a change in management would allow the hospital to limp along for fourteen more years, the mission of the hospital changed significantly, as several of the services dear to the Benedictine Order were abandoned in the interest of the hospital's continued operation.

#### Developmental History and Historic Context

On April 21, 1889, Guthrie was little more than open plain. By the next day, a bustling city emerged and before long the new town was the provisional capital of the territory with a population of over five thousand, a number that would quickly double.<sup>2</sup> Very quickly, there were hundreds of simple residences, eight newspapers, nine churches, and eleven schools. Along with the increase in population, came outbreaks of illness and injury, all making very apparent the need for nearby, quality care from doctors and nurses.

<sup>1</sup>*Guthrie Daily Leader*, August 3, 1926; *Guthrie Daily Leader*, July 1, 1947.

<sup>2</sup>Linda D. Wilson, "Guthrie," *Encyclopedia of Oklahoma History and Culture*, [www.okhistory.org](http://www.okhistory.org) (accessed December 2014).

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In 1902, local physicians Dr. A.L. Blesh and Dr. Horace Reed rented space in the 200 Block of East Oklahoma Avenue. Their rented residential space was eventually converted into a small hospital.<sup>3</sup> Quickly outgrowing the rented space, the doctors undertook the construction of a new two-story brick building that could serve up to 30 patients<sup>4</sup>. The doctors operated their hospital privately until 1906 when the Methodist Episcopal Conference took over operations and Dr. Blesh and Dr. Reed moved their practice to Oklahoma City. In addition to serving as a hospital, the Methodist Episcopal Hospital also established a nursing school. Sometime after the Methodist Episcopal Conference took over management of the facility, a facility to house the nursing school was built on adjacent land.<sup>5</sup>

The thirty bed, Methodist Episcopal Hospital Guthrie provided much needed medical services to the population of Guthrie and Logan County for the first several decades of the twentieth century. Renovations in the early 1920s expanded the facility's capacity to a maximum patient load of forty, but the small hospital could not keep pace with medical innovation or the needs of the community.<sup>6</sup>

As a result, in the mid-1920s, there was a local and then statewide push to build a state Methodist Episcopal medical institution at Guthrie. Guthrie Architect Edward L. Gahl, drafted plans for the facility that were then sent to Boston for review by Methodist Episcopal Medical authorities in August 1926.<sup>7</sup> The plans were approved as of August 4, 1926 and on September 7, 1926, the *Guthrie Daily Leader* revealed an artist's rendering of the proposed hospital, complete with a detailed description and an assessment that the hospital will be "One of the best in the Southwest." The completed structure was to cost \$400,000, and plans were completed with work to start soon.<sup>8</sup> The hospital is described as having four floors plus a basement with solarium and open courts on the roof. It was to be L-shaped at first with hopes of enlarging to a U-shape in the future, complete with the latest technology required for each medical specialty from obstetrics to the laboratory.

An official groundbreaking was held for the facility on November 3, 1926, with a *Guthrie Daily Leader* article for that day also discussing "selection of a contractor for the hospital building" although no specific contractor is mentioned. In the months to follow, there is little to no mention of the hospital in the daily newspaper.

On February 3, 1927, an article in the *Guthrie Daily Leader* announced "Many Men Employed on New Hospital." The Executive Director of the Hospital Association announced that thirty-five

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<sup>3</sup> *Guthrie Daily Leader*, April 20, 1948.

<sup>4</sup> Ibid; Sisters of Mercy, *Alverno Heights History*, (privately printed), 142.

<sup>5</sup> *Guthrie Daily Leader*, February 20, 1947.

<sup>6</sup> *Guthrie Daily Leader*, September 7, 1926.

<sup>7</sup> *Guthrie Daily Leader*, August 3, 1926.

<sup>8</sup> *Guthrie Daily Leader*, September 7, 1926.

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men were presently employed in construction work on the new hospital, but their work had been hampered by weather.

Finally, on April 24, 1927, a short article entitled "Hospital Work Goes on at Rapid Rate" in the *Guthrie Daily Leader* announced progress on the hospital, stating that the building's rooftop solarium was soon to be completed. The article continued that work had been interrupted by rain but with the onset of good weather that work was now proceeding "rapidly." The article speculated that the facility would be "ready for operation by next fall" stating that "practically all cement work on the four floors has been completed." On June 8, 1927, the cornerstone of the hospital was officially laid before officials of the Methodist Episcopal Church as well as local Masons. The chairman of the hospital board announced that, "It is not a question of who built the hospital, but thankfulness that it has been done that will appeal to those who are to come after us. So it is with all other things."

Less than a week later, on June 14, 1927, an article entitled "Hospital Work in Bad Way: Construction of Institution May be Halted Soon" appeared in the *Guthrie Daily Leader*. According to the article, "The Methodist hospital, under construction here, is in financial distress and completion of the big state institution is endangered by the situation." The hospital was being funded by donations, from Guthrie residents and from other donors around the state. Initial donations had allowed plans to be drawn and work to commence, but there were insufficient funds to continue. The June 14, 1927 article elaborated that the goal of the Hospital Association was to finish the frame and a minimal number of floors to begin operations in the facility. The Board would then use operating revenue to borrow money and pay the note in order to later finish the entire facility as planned. According to the *Guthrie Daily Leader*,

"if the \$40,000 subscribed ... can be gotten in, then the building can be enclosed . . . once the building is enclosed a loan of \$100,000 can be secured which will complete the basement, first floor and top floor for operation . . . On this completion the hospital become [sic] an earning institution and we can go ahead with the remainder of our program."

The chair of the Hospital Association stated that it "would be folly to borrow a large sum of money on the hospital while it is not in operation because the interest would eat up the finances with no returns." The article continues with a discussion of the excuses for non-payment of pledges towards completion of the hospital. The article insinuates that there was significant doubt in the community and outside of it that the facility would ever come to fruition and that donors were holding off paying their subscriptions until the building was finished.

As a result, the Hospital Association and the Guthrie Chamber of Commerce began a new fund raising campaign on June 15, 1927.<sup>9</sup> A committee within the Chamber of Commerce was formed to oversee the drive for collection of subscriptions, and the *Guthrie Daily Leader* stated that, "Cessation of work on the erection of the project is threatened because of outstanding subscriptions and pledges being overdue."

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<sup>9</sup>"Drive for Hospital Funds is Underway," *Guthrie Daily Leader*, June 15, 1927.

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On June 19, 1927, completion of the project seemed more probable as the *Guthrie Daily Leader* announced that “Hospital Plans Go Forward.” According to the paper, “A brighter prospect for continuing the work on the Methodist hospital here was announced Saturday . . . Revised figures on the cost of enclosing the structure so that a \$100,000 loan can be floated on the property have been given the board by the contractors.”<sup>10</sup> With revisions to the budget and grace from suppliers, the Hospital Association believed it only necessary to raise \$20,000 to finish enclosing the structure. Throughout June 1927, meetings between the Hospital Association and the Chamber of Commerce continued, strategizing a solution to the budget shortfall for the hospital<sup>11</sup> but the attention of the Chamber of Commerce was divided. In July of 1927, the Chamber of Commerce undertook a major booster campaign to increase regional interest in oil drilling in the Guthrie area.<sup>12</sup> Fundraising efforts shifted to raising \$10,000 to promote Guthrie as a choice drilling location and very quickly, interest in the hospital and fundraising for the construction efforts waned. Sometime between June 1927 and October 1927, construction on the Methodist Episcopal Hospital completely halted.

On October 20, 1927, the headline of the *Guthrie Daily Leader* is once again hospital related, as the annual Methodist Episcopal state conference is held in Guthrie and delegates “Plan Campaign for Hospital Fund.” The article announces a conference goal of raising \$60,000 for the hospital by the end of January 1928. But those efforts were delayed. On January 15, 1928, the *Guthrie Daily Leader* announces, “Hospital to be Financed in February: Entire State to Take Part in Campaign.” The Methodist Episcopal Conference began a statewide drive in February to raise \$60,000 to enclose the hospital structure. On February 6, 1928, a “Huge Crowd at Launching of Hospital Drive” was announced as fifteen hundred people gathered at the Scottish Rite Temple in Guthrie for the official launch of the fundraising drive. Bishop Waldorf of the Methodist Episcopal Conference “called attention to the skeleton of the present building where actual construction was halted several months ago, due to inadequate funds” calling on Guthrie residents to set the example for the rest of the state in the fundraising effort if they truly wanted their hospital to be built. For the next several months, fundraising efforts continued, with initial success that was short lived. The necessary funds were never raised and the empty shell of the new hospital remained unfinished.

On June 22, 1931, the Trustees of the Oklahoma Methodist Episcopal Hospital and Nurses Training School voted to sell the property.<sup>13</sup> Despite the decision to sell, no buyers for the facility materialized. Yet another fundraising effort began as promoters of the hospital called on residents to donate in order to “keep our hospital.” In July 1939, there were almost daily reports on fundraising efforts printed in the *Guthrie Daily Leader*.<sup>14</sup> By the late 1930s/early 1940s, it

<sup>10</sup>“Hospital Plans Go Forward,” *Guthrie Daily Leader*, June 19, 1927.

<sup>11</sup> “Hospital Board to Meet with Chamber of Commerce Committee,” *Guthrie Daily Leader*, June 26, 1927.

<sup>12</sup> *Guthrie Daily Leader*, July 18, 1927.

<sup>13</sup> Cimarron Valley Hospital Trustees, “Trustee Minutes,” 1931, photocopied.

<sup>14</sup> *Guthrie Daily Leader*, July 27, 1939; *Guthrie Daily Leader*, July 31, 1939.



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appeared as though the people of Guthrie needed a miracle to keep their dream of a modern hospital alive.

From the beginning of their time in Oklahoma, members of the Catholic Benedictine Order “played an important role in education, charity, and medicine.” In 1872, Irish miners established the first Catholic Church in what would become Oklahoma. Early efforts of the Catholic Church in the territories were aimed at Native Americans but their focus quickly shifted to non-Indian immigrants at the end of the nineteenth century.<sup>15</sup> The first Benedictines to permanently settle in Oklahoma arrived in October 1875 and established the Sacred Heart Mission at present day Shawnee. From their base in Shawnee, the Benedictines endeavored to serve the non-Indian population across the state, particularly focusing on the needs of women and children. In 1889, Reverend Ignatius Jean made a plea for teachers. In September 1889, three Benedictine sisters arrived in Guthrie from Iowa. Almost immediately, these three women went to work teaching Catholic and non-Catholic children at St. Mary’s School.<sup>16</sup> Students of the school came from all over Oklahoma.<sup>17</sup> Over time, the educational endeavors of the Benedictines expanded with the creation of a school for young ladies in 1891, which would eventually become known as Oklahoma Catholic College for Women.<sup>18</sup> Although the Benedictines focused primarily on education, medical treatment was an important part of their mission to help women and children.

In June 1946, an agreement between the Hospital Association of the Cimarron Valley Hospital and the Benedictine sisters finally allowed for the modern hospital to be completed in Guthrie. As part of the agreement, the Benedictines would take over operations at the existing hospital, the old hospital (used as the nurse’s home), as well as the unfinished frame of the new hospital and the five acres of land on which it was located.

On July 1, 1947, the new hospital was officially dedicated with a new cornerstone being laid by Bishop McGuinness of the Catholic Diocese in Oklahoma City. McGuinness announced that Katherine E. Price of Connecticut had made a generous donation to the facility and subsequently, the hospital would be named in her honor. Leon B. Senter (1889-1965)<sup>19</sup> of Tulsa was announced as the project’s Architect and Manhattan Construction was identified as the construction company responsible for finishing the skeleton hospital. A building permit for a \$220,000 hospital was issued on July 2<sup>nd</sup>.<sup>20</sup> Actual work on the project began on August 12<sup>th</sup>,

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<sup>15</sup>James White, “Catholic Church,” Encyclopedia of Oklahoma History and Culture, www.okhistory.org (accessed December 2014).

<sup>16</sup>Fred L. Wenner, “Pioneering in Oklahoma by the Benedictine Sisters of Christ,” in the Guthrie Vertical File, Oklahoma Historical Society; James D. White, “St. Joseph Monastery, Encyclopedia of Oklahoma History and Culture, www.okhistory.org, (accessed December 2014).

<sup>17</sup> Wenner, 11.

<sup>18</sup>Linda D. Wilson, “Logan County,” Encyclopedia of Oklahoma History and Culture, www.okhistory.org (accessed December 2014).

<sup>19</sup> Tulsa Foundation for Architecture, “Leon Bishop Senter,” <http://tulsaarchitecture.org/architects/leon-bishop-senter-faia-1889-1965/>, accessed December 2014.

<sup>20</sup> *Guthrie Daily Leader*, July 2, 1947

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with initial delays due to lack of materials and manpower.<sup>21</sup> <sup>22</sup> Work on the exterior of the hospital was completed in December 1947<sup>23</sup>, with hopes that the hospital could open in January 1948.<sup>24</sup>

Although the Benedictine Order was providing construction funds, the Guthrie community was largely responsible for furnishing the hospital.<sup>25</sup> There were detailed ads in the newspaper identifying what was needed to furnish each area of the hospital and how much it would cost.<sup>26</sup> By January 1948, the campaign had raised \$23,000<sup>27</sup> with another group raising funds specifically to outfit the hospital nursery.<sup>28</sup> Although fundraising efforts began enthusiastically, momentum quickly faded and the goal of opening by the end of January 1948 had to be pushed back.

By April 1948, the interior and exterior of the facility were completed and sufficient donations had been received to adequately furnish the hospital. A newspaper article described the hospital as possessing fifty private rooms and wards to accommodate two to four patients each. According to the article, the Benedictine sisters were to live on the fifth floor which would also contain a chapel for their use and patient/visitor use. The fourth floor housed two operating rooms, as well as x-ray facilities, and orthopedic, urology and cardiac specialists. The third floor housed labor and delivery, with two nurseries, and unlike the other floors, the third floor was air conditioned. Regular patient rooms were located on the second floor. Administrative offices, the hospital kitchen and cafeteria were to be located on the first floor as well as the hospital lab, pharmacy, and emergency room. (However, the physical evidence at the site and historic photographs clearly confirm that the hospital kitchen and cafeteria were on the “basement” level. It is also thought that the emergency room was on the “basement” level.) The hospital was serviced by two elevators.<sup>29</sup> The old hospital remained in service throughout the construction period for the new building, and was demolished by the time of the new building opened.

An official Open House for the hospital was held on April 4, 1948<sup>30</sup> with the hospital opening to patients the following day. The first birth occurred shortly thereafter, on April 8, 1948.<sup>31</sup> In

<sup>21</sup> “Agreement signed for completion of big hospital here.” Unattributed, undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma

<sup>22</sup> Unattributed, undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>23</sup> *Guthrie Register News*, November 16, 1947.

<sup>24</sup> *Guthrie Daily Leader*, December 3, 1947.

<sup>25</sup> *Guthrie Register News*, November 16, 1947.

<sup>26</sup> Unattributed, undated advertisement in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>27</sup> *Guthrie Register News*, January 1, 1948.

<sup>28</sup> “County Women will Equip Nursery for New Hospital,” *Guthrie Daily Leader*, January 4, 1948.

<sup>29</sup> Unattributed, undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>30</sup> Open House Invitation for Benedictine Heights Hospital. Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>31</sup> *Guthrie Register News*, April 8, 1948.

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March 1950, the hospital was certified by the American College of Surgeons.<sup>32</sup> Continuing the mission of the Benedictine Order, the hospital opened a special ward in 1953 designed to care for children with mental disabilities, referred to as “exceptional children.” The special ward had a capacity of forty-one and sources indicate that there was a constant waiting list for admission to the special program.<sup>33</sup> Prospective patients came from across the country and even Canada to be part of this special ward.<sup>34</sup> Later in the 1950s, a polio ward with two iron lungs was established, providing lifesaving treatment to children from across the state. The people of Guthrie and surrounding communities finally had the modern medical facility that they had championed for so long.

But the dream was short lived, as by the 1960s, rumors began to surface of impending change. The design of the hospital, with its emphasis on small wards and private rooms required significant manpower. Although the mission of the Benedictine order was to serve women and children through education and medical care, the order did not have sufficient numbers to continue operating the hospital.<sup>35</sup> The decision to sell the hospital was made May 16th in Tulsa, with the Benedictines citing a “lack of religious hospital personnel.”<sup>36</sup> On July 1, 1964, the Sisters announced that they would quit operating the hospital as of July 31, 1964.<sup>37</sup>

Once again, the community began a campaign to save their hospital. In 1964, the search for new management began, spearheaded by the Logan County Hospital Association, a committee within the Guthrie Chamber of Commerce,<sup>38</sup> and the Catholic Diocese in Oklahoma City who was specifically looking for another religious order to replace the Benedictines.<sup>39</sup> There were brief discussions with the Oklahoma Baptist Hospital Association but no agreement was reached.<sup>40</sup> During the search, the hospital association sought to raise funds to modernize the facility (specifically to install air conditioning throughout). In June 1964, Father Daniel Keohane, pastor at St. Mary’s in Guthrie, appealed to the director of the Catholic Hospital Association for help in locating a religious order to take over the Guthrie Hospital. Eventually, Father Keohane made a formal request to the Sisters of Saint Francis to take charge of the facility, as part of their nearby campus known as St. Anthony’s in Oklahoma City. The request was initially denied, but later in the month, the issue was revisited and the Sisters agreed to research the prospect. A decision to take over Benedictine Heights was made on July 6<sup>th</sup>.<sup>41</sup> According to the agreement, the property

<sup>32</sup> Unattributed, undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>33</sup> “Child Aid School nears Shutdown,” undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>34</sup> *Alverno Heights History*, 143.

<sup>35</sup> “Sister’s Confirm Hospital Rumor,” undated clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>36</sup> Unattributed, May 17, 1964 clipping in the Archives of the Benedictine Order at St. Joseph’s Monastery, Tulsa, Oklahoma.

<sup>37</sup> *Guthrie Daily Leader*, July 1, 1964.

<sup>38</sup> *Guthrie Daily Leader*, July 14, 1964.

<sup>39</sup> *Alverno Heights History*, 143.

<sup>40</sup> Ibid.

<sup>41</sup> Ibid.

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would legally remain a part of the Catholic Diocese in Oklahoma City, until which time the debts of the hospital were paid in full. The Sisters were given a grace period to begin payments against the hospital's indebtedness for one year in order to get their operation running smoothly.<sup>42</sup> The Guthrie Hospital was to be a satellite campus of St. Anthony's Hospital in Oklahoma City but financially independent. On August 1, 1964, the Sisters of Saint Francis of Maryville, Missouri formally assumed management of the hospital, with the understanding that the Logan County Hospital Association would ensure that modernizations were made.<sup>43</sup> The hospital's name was changed to Alverno Heights Hospital.<sup>44</sup> The Logan County Hospital Association initiated a fundraising campaign for \$75,000 to modernize the hospital.<sup>45</sup>

The transition to management by the Sisters of Saint Francis allowed the Guthrie Hospital to remain in operation, but the Sisters initiated significant changes. The new management was focused on making the hospital financially secure and in making technological updates to the facility. Inefficiencies were eliminated, including the Exceptional Children's Ward by 1968.<sup>46</sup> Despite the Sisters goal to improve the facility, a history of their order indicates that "as time went on it became more and more evident that the structure of the building was such that the operation would continue to require more personnel and man hours of work than the operation could carry."<sup>47</sup> In September 1970, the Sisters of Saint Francis announced to the Diocese that "the financial situation was such that they would be unable to continue the operation of the hospital after July 31, 1972. The Diocese and the Logan County Hospital Association began looking for new management. One early prospect with the National Medical Center quickly fell through, so the Sisters continued management on an interim basis until a replacement could be found. Failing to find a replacement, the Logan County Hospital Association voted to approach the city of Guthrie with a proposal for the city to operate the hospital, leasing the facility from the Diocese. Ultimately, the Hospital Association realized that the days of operating the hospital as a medical facility were numbered and that a new, modern hospital would once again need to be built. The Guthrie Hospital Trust purchased the property in July 1972, and contracted with an additional outside company for hospital operations. The name of the hospital was changed once again in 1974, this time to Logan County Memorial Hospital.<sup>48</sup> In 1978, the hospital closed for good, as the new modern hospital opened further west of town off Highway 33.<sup>49</sup>

Since its closure, the pattern of trying to breathe new life into the facility has continued, with numerous projects being proposed over the years. Though long vacant, the Benedictine Heights Hospital in Guthrie, Oklahoma remains a local landmark with a lengthy and interesting history.

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<sup>42</sup> Ibid., 144

<sup>43</sup> *Guthrie Daily Leader*, July 17, 1964.

<sup>44</sup> *Guthrie Daily Leader*, July 30, 1964.

<sup>45</sup> "Plea made in Hospital Campaign," undated, unattributed clipping in the Archives of the Benedictine Order at St. Joseph's Monastery, Tulsa, Oklahoma (clipping found with other articles labeled "1964").

<sup>46</sup> *Alverno Heights History*, 146; "Child Aid School nears Shutdown," undated clipping in the Archives of the Benedictine Order at St. Joseph's Monastery, Tulsa, Oklahoma

<sup>47</sup> *Alverno Heights History*, 146.

<sup>48</sup> *Alverno Heights History*, 146.

<sup>49</sup> "New Life for Old Hospital," *Guthrie News Leader*, December 4, 2014.

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Health Care Significance

Benedictine Heights Hospital is reflective of broader national and international trends in hospital design and healthcare innovation. For centuries, churches and religious orders had provided care for the sick and indigent, incorporating space for housing such individuals into the design of their facilities. Yet for most people, illnesses were treated at home with home remedies and later by “itinerant” physicians who made house calls.<sup>50</sup> Religious institutions utilized “large, open wards” in early hospitals. There was significant stigma surrounding early hospitals as the commonly held belief was that, “home was where the sick should be treated” whereas hospitals “were associated with pauperism and death.”<sup>51</sup> The work of Nurse Florence Nightingale during the Crimean War resulted in significant changes to hospital design and professional nurse training. Nightingale spoke out against large, unsanitary wards where cross-contamination was rampant. Instead, Nightingale called for a more patient centered design with smaller wards where patients would have access to natural light and ventilation and more attention from trained staff. Wards incorporating Nightingale’s ideas even became known as “Nightingale Wards” and were common in hospitals in the United States and elsewhere by the end of the nineteenth century and the beginning of the twentieth.<sup>52</sup>

Healthcare innovations in the early twentieth century, as well as population growth and rapid urbanization, resulted in changes to hospital design models. The development of x-ray imaging, EKG machines, blood typing and other advancements in medical science and practice required hospitals to become more specialized with dedicated surgical theaters and space for practice of specialties such as urology, cardiology, and obstetrics. Space became scarce and more expensive

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<sup>50</sup>The practice of modern medicine is a relatively recent development. Early doctors learned by apprenticing themselves to a practicing physician. The apprenticeship model continued in the United States until the mid-1800s. The first medical school in the colonies opened in Philadelphia in the 1760s. The University of Pennsylvania Medical School was associated with Pennsylvania Hospital that had only been in operation for just over a decade at the time. Harvard University opened a medical school in 1783 and Dartmouth in 1798. During the early decades of the nineteenth century, hundreds of medical schools opened across the country. Referred to as “diploma mills,” early medical schools were for profit institutions with rudimentary facilities and very few standards where students were assured they would pass if they paid their bill. The American Medical Association (AMA) was formed in 1846. The AMA called for standards of education and training for practicing physicians, but no such standards would be established for decades. The Johns Hopkins University Medical School was established in 1889 and in 1893, Johns Hopkins put into place the now accepted practice of rounds and residency for all medical students. Johns Hopkins also required the completion of a four year college degree before a prospective doctor could even enroll in medical school. The course of study at Johns Hopkins then lasted for an additional four years. The American Hospital Association came into being in 1899; Abraham Flexner, “Medical Education in America: Rethinking the training of American Doctors,” *The Atlantic* (June 1910), available online at <https://www.theatlantic.com/magazine/archive/1910/06/medical-education-in-america/306088/>, (accessed May 2017); Fillmore Randolph, “The Evolution of the U.S. Healthcare System,” available online at [http://www.sciencescribe.net/articles/The\\_Evolution\\_of\\_the\\_U.S.\\_Healthcare\\_System.pdf](http://www.sciencescribe.net/articles/The_Evolution_of_the_U.S._Healthcare_System.pdf), (accessed May 2017).

<sup>51</sup>“The History of Hospitals and Wards,” <http://www.healthcaredesignmagazine.com/architecture/history-hospitals-and-wards/>, (accessed May 2017).

<sup>52</sup>Heather Burpee, “History of Healthcare Architecture,” <http://www.mahlum.com/pdf/HistoryofHealthcareArchBurpee.pdf>, (accessed May 2017).

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in urban areas, so instead of building sprawling hospitals with multiple, connected pavilions, designers began to build multi-floor hospitals and to adapt the principles of Nightingale wards to this new vertical structure. In the United States, wards became smaller and private and semi-private rooms became the standard.<sup>53</sup>

The first medical treatment facilities in what would become the state of Oklahoma were rudimentary afterthoughts at military forts, such as those found at Fort Gibson in the east and Fort Towson in the far south.<sup>54</sup> Infirmaries at these early forts were designed to provide limited care to battle sites in the territory. After the war, new military installations and subsequently, new infirmaries opened at Fort Supply, Fort Sill and Fort Reno.<sup>55</sup>

In addition to medical treatment available at military installations, early missionaries in the territory provided another source of medical care to residents and travelers. Such care started out of necessity but later, medical missionaries such as Alfred Wright traveled to the territory to minister to the spiritual and physical needs of residents. This kind of care was limited, with practitioners few and far between.<sup>56</sup>

The first non-military hospital in the territory was built by the Cherokee Nation in 1877. This specialized facility was known as the Home for the Insane, Deaf, Dumb and Blind and was located at Park Hill (near Tahlequah)<sup>57</sup>. The first private hospital in the territories opened at Muskogee in 1893. This ten bed facility became known as St. Mary's.<sup>58</sup> The first non-profit community style hospital in the territory opened at McAlester in 1895 in response to a nearby mining accident. Funding for the McAlester twenty-five bed hospital known as All Saints came from an anonymous donor.<sup>59</sup>

Yet, even into the first decade of the twentieth century, there was little access to healthcare services outside of major metropolitan areas in Oklahoma.<sup>60</sup> From the early 1900s onward, local medical professionals and Guthrie residents actively worked to secure a modern medical facility for their community. In 1902, Guthrie finally had two doctors working out of a small rent house. By 1906, the doctors had expanded to a two story facility that was then acquired by the Methodist Episcopal Conference and capable of housing thirty patients. Renovations in the 1920s allowed the facility to serve up to forty patients. By the 1920s, the capacity and technology at this facility were insufficient to meet the needs of the community.

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<sup>53</sup>Ibid.

<sup>54</sup>Cleveland Rogers, *Hospitals in Oklahoma: A History, 1824-1990* (Oklahoma City: Oklahoma Heritage Association, 1991), 6.

<sup>55</sup>Rogers, 8.

<sup>56</sup>Ibid., 11.

<sup>57</sup> Ibid., 8.

<sup>58</sup> Ibid., 9.

<sup>59</sup> Ibid.

<sup>60</sup> "The History of Hospitals and Wards," <http://www.healthcaredesignmagazine.com/architecture/history-hospitals-and-wards/>, (accessed May 2017).

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The Benedictine Heights Hospital constructed in Guthrie between 1926 and 1947 was reflective of changing trends in hospital design. The multi-story facility contained fifty private rooms, as well as small wards, designed to serve between two and four patients. There were operating rooms, x-ray imaging and space for specialties such as cardiology, urology, and an air conditioned floor dedicated to labor and delivery. In addition, this hospital opened a polio ward with two iron lungs by 1950 and by 1953, Benedictine established a ward to serve exceptional children suffering from a variety of mental and physical defects. The new hospital was a significant departure from the very basic, open ward, 40 bed facility that had served Guthrie since the first decade of the twentieth century. Benedictine Heights Hospital brought significant advancements in medical design and technology to serve the Guthrie community.

Architectural Significance

The earliest hospitals in Guthrie and elsewhere across the territory were repurposed residential buildings. The functionality of such facilities was very limited and communities like Guthrie quickly outgrew them. In the first decade of the 1900s, a larger, two story brick hospital temporarily alleviated the community's needs for more general medical treatment space, but very quickly it became apparent that a much larger facility with state of the art of equipment was needed to truly address the patient needs for a variety of specialties. Most of these second generation territorial hospitals resembled apartment buildings in terms of form, such as the Aline Hospital circa 1922, the Masonic Hospital in Cherokee circa 1918, and the Durant Hospital built around 1920.

The Classical Revival style was inspired by the 1893 World's Columbian Exposition in Chicago and was most popular from 1895-1950. It represents a new interest in the classical forms of architecture. Consistent with the formality and monumentality of the style, the Benedictine Heights Hospital is an excellent example. Although modest in detailing, there are several characteristics of the style that are present. Doors and windows on all elevations except for some minor variations on the back (north) elevation were intended to be in formal and symmetrical arrangement. The hospital was intended to be perfectly balanced once the entire structure was completed. However, the west wing was not completed and the finished symmetry and balance was not realized. However, the symmetry of the center and east portions of the façade is exacting. Windows are double hung, consistent with the style.

The front entrance is centered on the façade and resides within a limestone projection to which a set of steps provides access from grade, a half-level below. Although full height columned porches are indicative of the Classical Revival style, this example is devoid of the common interpretation of "porch" and is appointed with this limestone projection of the lobby from the front building line and the steps. The projection has a flat roof concealed behind the limestone clad parapet. The pair of entrance doors are centered on the façade and the projection. They are flanked by Doric styled pilasters, flat entablature and broken pediment; all features of the Classical Revival style. A larger flat entablature appears detached from, and set in vertical alignment with, the porch projection about one-half story above.

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The original architect for the Benedictine Heights Hospital project was Edward Gahl, a Guthrie resident who later practiced architecture in Oklahoma City. Gahl moved to Guthrie from his St. Louis birth place around 1910. At that time, he was reported to be employed as an Architect by the State of Oklahoma. He spent the latter half of the decade in Chicago, returning to Guthrie by 1920. Gahl moved his residence and architecture practice to Oklahoma City by 1930.<sup>61</sup>

Working with Gahl's framework from 1927, renowned Oklahoma architect, Leon B. Senter was tasked in 1946 with designing a facility to comfortably serve patients, visitors, and staff while utilizing the most up to date medical equipment and technology. Senter began his practice in Okmulgee before moving to Tulsa. While practicing in Eastern Oklahoma, Senter and his partners were involved in designing a variety of commercial buildings, including the Orpheum Theater, Will Rogers High School, and a host of other Art Deco style buildings. The Benedictine Heights Hospital was a very different type of public project for this architect.<sup>62</sup> While Gahl's published sketch of the 1920s design for the hospital included a more typical Classical Revival porch with columns and a balustraded flat roof, Senter's interpretation yielded the enclosed projection in place of the porch and some creative license with his interpretation of Classical Revival elements, for example the "floating" entablature above the limestone clad entrance.

Senter's hospital design would be touted as one of the best in the region at the time. Unfortunately, as with most other technology, the hospital design and equipment quickly became obsolete and needed replacement. But unlike Benedictine Heights Hospital, most large and small health care facilities constructed during the time period 1927 to 1947 were destroyed as they became obsolete (such as the original University of Oklahoma Hospital in Oklahoma City built circa 1919). The few extant facilities from this time period, such as the Muskogee VA hospital, have generally been highly altered. But since the completion of construction on the Benedictine Heights Hospital in 1947, very few changes have occurred to the hospital's exterior. Senter's design remains intact, a testament to what was considered state of the art hospital design at the middle of the twentieth century.

There are several other examples of commercial Classical Revival style buildings in the city of Guthrie. These include both one and two story buildings downtown, as well as the four story, National Register listed Logan County Courthouse built in 1907 (NRIS #84003141). Benedictine Heights is a much larger example than the average one or two story commercial building and although both the courthouse and the hospital serve a public function, their functions as well as their plan and setting are very different.

Since the 1500s, the purpose of the Benedictine Order has been work to "together" in a "spirit of peace and harmony." This philosophy is clearly evident in their role in the Benedictine Heights

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<sup>61</sup>Oklahoma, Logan County, 1920 U.S. Census; Oklahoma, Oklahoma County, 1930 Census.

<sup>62</sup>Tulsa Foundation for Architecture .



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Hospital in Guthrie where the Benedictine Sisters, long-time residents of the community, came to the aid of another non-Catholic religious organization as well as the community to serve the medical needs of men, women, and children in the community. The Benedictine Heights Hospital in Guthrie is eligible for the National Register of Historic places as an architecturally outstanding, locally significant building long associated with the medical history of the community.

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[www.okhistory.org](http://www.okhistory.org) (accessed December 2014).

Wilson, Linda D. "Guthrie." Encyclopedia of Oklahoma History and Culture,  
[www.okhistory.org](http://www.okhistory.org) (accessed December 2014).

\_\_\_\_\_. "Logan County." Encyclopedia of Oklahoma History and Culture,  
[www.okhistory.org](http://www.okhistory.org) (accessed December 2014).

1920 United States Census

1930 United States Census

Benedictine Heights Hospital  
Name of Property

Logan, Oklahoma  
County and State

**Previous documentation on file (NPS):**

- preliminary determination of individual listing (36 CFR 67) has been requested
- previously listed in the National Register
- previously determined eligible by the National Register (Part I approval, 5 July 2017)
- designated a National Historic Landmark
- recorded by Historic American Buildings Survey # \_\_\_\_\_
- recorded by Historic American Engineering Record # \_\_\_\_\_
- recorded by Historic American Landscape Survey # \_\_\_\_\_

**Primary location of additional data:**

- State Historic Preservation Office
- Other State agency
- Federal agency
- Local government
- University
- Other
- Name of repository: \_\_\_\_\_

**Historic Resources Survey Number (if assigned):** \_\_\_\_\_

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**10. Geographical Data**

**Acreage of Property** 3 acres MOL

Use either the UTM system or latitude/longitude coordinates

**Latitude/Longitude Coordinates**

Datum if other than WGS84: \_\_\_\_\_

(enter coordinates to 6 decimal places)

- |                      |                       |
|----------------------|-----------------------|
| 1. Latitude: 35.8814 | Longitude: -97.449084 |
| 2. Latitude:         | Longitude:            |
| 3. Latitude:         | Longitude:            |
| 4. Latitude:         | Longitude:            |

Benedictine Heights Hospital  
Name of Property

Logan, Oklahoma  
County and State

**Verbal Boundary Description** (Describe the boundaries of the property.)

All of Block 16 including the alley as vacated and including the west half of 19<sup>th</sup> Street between Blocks 16 and 17 as vacated; Lots 9-16 in Block 17 together with the west one hundred feet of the vacated alley in Block 17 and all of vacated 19<sup>th</sup> Street lying between Blocks 16 & 17, all in Third Capital Heights Addition to the City of Guthrie, Logan County, Oklahoma.

**Boundary Justification** (Explain why the boundaries were selected.)

The boundary contains the extant property historically associated with the Benedictine Heights Hospital.

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**11. Form Prepared By**

name/title: Catherine Montgomery AIA and Kelli Gaston, Architectural Historian  
organization: Preservation and Design Studio, PLLC  
street & number: 616 NW 21<sup>st</sup> Street, Suite 114  
city or town: Oklahoma City state: Oklahoma zip code: 73103  
e-mail cm@panddstudio.com  
telephone: (405) 601-6814  
date: May 5, 2017

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**Additional Documentation**

Submit the following items with the completed form:

- **Maps:** A **USGS map** or equivalent (7.5 or 15 minute series) indicating the property's location.
- **Sketch map** for historic districts and properties having large acreage or numerous resources. Key all photographs to this map.
- **Additional items:** (Check with the SHPO, TPO, or FPO for any additional items.)

**Photographs**

Submit clear and descriptive photographs. The size of each image must be 1600x1200 pixels (minimum), 3000x2000 preferred, at 300 ppi (pixels per inch) or larger. Key all photographs to the sketch map. Each photograph must be numbered and that number must correspond to the photograph number on the photo log. For simplicity, the name of the photographer,

Benedictine Heights Hospital

Logan, Oklahoma

Name of Property

County and State

photo date, etc. may be listed once on the photograph log and doesn't need to be labeled on every photograph.

**Photo Log**

Name of Property: Benedictine Heights Hospital

City or Vicinity: Guthrie

County: Logan State: Oklahoma

Photographer: Preservation and Design Studio, Sara Werneke

Date Photographed: December 21, 2014

Description of Photograph(s) and number, include description of view indicating direction of camera:

Number	Subject	Direction
0001	Façade (south), West Side	Northeast
0002	West Side, Back (north)	Southeast
0003	East Side, Back (north)	Southwest
0004	East Side, Façade (south)	Northwest
0005	Ceremonial Entrance	North
0006	Emergency Entrance	South
0007	Lobby	North
0008	Boiler Plant, From above	Down, Northwest
0009	Boiler Plant, South Side, Façade (east)	Northwest
0010	Boiler Plant, Entrance	West

**Paperwork Reduction Act Statement:** This information is being collected for applications to the National Register of Historic Places to nominate properties for listing or determine eligibility for listing, to list properties, and to amend existing listings. Response to this request is required to obtain a benefit in accordance with the National Historic Preservation Act, as amended (16 U.S.C.460 et seq.).

**Estimated Burden Statement:** Public reporting burden for this form is estimated to average 100 hours per response including time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. Direct comments regarding this burden estimate or any aspect of this form to the Office of Planning and Performance Management, U.S. Dept. of the Interior, 1849 C. Street, NW, Washington, DC.

Benedictine Heights Hospital  
2000 West Warner Street  
Guthrie, Logan County, Oklahoma

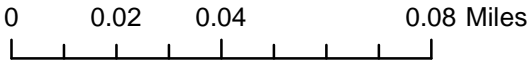


0 0.02 0.04 0.08 Miles

Benedictine Heights Hospital  
2000 West Warner Street  
Guthrie, Logan County, Oklahoma



Source: Esri, DigitalGlobe, GeoEye, Earthstar Geographics, CNES/Airbus DS, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community















LOGAN COUNTY  
MEMORIAL  
HOSPITAL

PRIVATE  
PROPERTY

PRIVATE  
PROPERTY

PRIVATE  
PROPERTY

PRIVATE  
PROPERTY

PRIVATE  
PROPERTY



PRIVATE  
PROPERTY



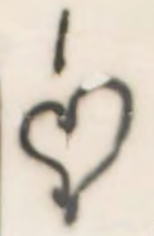
KKK

Handwritten graffiti on the left wall, including the letters "H" and "A".

Handwritten graffiti in the background hallway, including the letters "H", "B", and "C".



Handwritten graffiti below the pentagram, including the letters "G", "I", "T", "K", "I", "S".



Handwritten graffiti below the heart, including the words "I ❤️ SINKS" and "SINKS".

Handwritten graffiti on the right wall, including the letters "K", "O", "S".

Handwritten graffiti on the right wall, including the letters "S", "E", "E".









UNITED STATES DEPARTMENT OF THE INTERIOR  
NATIONAL PARK SERVICE

NATIONAL REGISTER OF HISTORIC PLACES  
EVALUATION/RETURN SHEET

Requested Action: Nomination

Property Name: Benedictine Heights Hospital

Multiple Name:

State & County: OKLAHOMA, Logan

Date Received: 10/19/2017      Date of Pending List: 11/14/2017      Date of 16th Day: 11/29/2017      Date of 45th Day: 12/4/2017      Date of Weekly List:

Reference number: SG100001869

Nominator: State

Reason For Review:

Accept       Return       Reject      12/4/2017 Date

Abstract/Summary Comments: The Benedictine Heights Hospital is locally significant under National Register Criteria A and C in the areas of Health/Medicine and Architecture. Construction of the five-story hospital between 1926 and 1948 represented the culmination of efforts by local leaders, medical professionals, and the Methodist Episcopal Conference and later the Benedictine Sisters to bring modern, high-quality health care to the community of Guthrie and the surrounding region. The concrete and brick building is a fine local example of Classical Revival style architecture, representing modern medical care design and the work of architects Edward Gahl and Leon B. Senter.

Recommendation/ Criteria: Accept NR Criteria A and C.

Reviewer: Paul Lusignan

Discipline: Historian

Telephone: (202)354-2229

Date: 12/4/2017

DOCUMENTATION: see attached comments : No      see attached SLR : No

If a nomination is returned to the nomination authority, the nomination is no longer under consideration by the National Park Service.



**Oklahoma Historical Society**  
**State Historic Preservation Office**

*Founded May 27, 1893*

Oklahoma History Center • 800 Nazih Zuhdi Drive • Oklahoma City, OK 73105-7917  
(405) 521-6249 • Fax (405) 522-0816 • [www.okhistory.org/shpo/shpom.htm](http://www.okhistory.org/shpo/shpom.htm)

October 17, 2017

OCT 19 2017

J. Paul Loether  
Keeper and Chief National Register and  
National Historic Landmark Programs  
National Park Service  
1849 C Street NW, Mail Stop 7228  
Washington D.C. 20240

Dear Mr. Loether:

We are pleased to transmit eight National Register of Historic Places nominations for Oklahoma properties. The nominations are for the following properties:

Park Etude, 1028 Connelly Lane, Norman, Cleveland County  
101 Rodeo Arena, 2600 N. Ash Street, Ponca City, Kay County  
Attucks Community Center, 1001 S. 12<sup>th</sup> Street, Ponca City, Kay County  
McGraw, James J., House, 400 North 4<sup>th</sup> Street, Ponca City, Kay County  
Roosevelt Elementary School, 815 East Highland Avenue, Ponca City, Kay County  
Benedictine Heights Hospital, 2000 West Warner Street, Guthrie, Logan County  
Edward Richardson Building, 101 Main Street, Arcadia, Oklahoma County  
First Congregational Church, 1887 Cecil Street, Waynoka, Woods County

The members of the Historic Preservation Review Committee (state review board), professionally qualified in the fields of historic architecture and history were absent from the public meeting at which each of these nominations was considered and the recommendation to the State Historic Preservation Officer was formulated. Therefore, the member possessing the requisite professional qualifications for evaluation of Attucks Community Center and 101 Rodeo Arena was not present for the HPRC's formulation of its recommendation on the nomination. However, substantive review of this nomination is not requested because the SHPO staff member possessing the requisite professional qualifications participated in the HPRC's deliberations on this noncontroversial nomination.

We look forward to the results of your review. If there any further questions regarding the nominations, please do not hesitate to contact me.

Sincerely,

Lynda Ozan  
Deputy State Historic  
Preservation Officer

Enclosures