

FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4245

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>FRANKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>WASHINGTON</u> <sup>0362</sup>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>234 RAND ST</u>				• STREET ADDRESS (If rural, give location) <u>234 RAND ST.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELE WILHELMINA OLGA</u> b. (Middle) _____ c. (Last) <u>GLASER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 22 1957</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 25 1881</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>27</u>	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WASHINGTON MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY KROCKENBERG</u>		13b. MOTHER'S MAIDEN NAME <u>MARIE SCHLIE</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN RUDOLPH GLASER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eleanor Glaser (Ella)</u> ADDRESS <u>324 RAND ST</u>			
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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					<u>1 hr</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic G-U-R disease</u>					<u>? years</u>	
	DUE TO (c) <u>old age</u>						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>2</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>3 Jan</u> , 19 <u>53</u> , to <u>22 Feb</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>21 Feb</u> , 19 <u>57</u> , and that death occurred at <u>12:15 p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Raymond J. Boes MD</u>				23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>23 Feb 57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2/26/1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LUTHERAN CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>WASHINGTON, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>2/23/57</u>		REGISTRAR'S SIGNATURE <u>J. P. Sidmann</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Henry W. Otto Washington Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

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 Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address .....

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.