...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-035251

STATE FILE NUMBER

FILED VS OCT 19 1959

Registration District No. 2 Primary Registration District No. 1000 Registrar's No. 1017

...MENDED

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph — Length of stay in 1b 6 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1302 North 26th St., — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Anna Middle Warth Last Glaesel
4. DATE OF DEATH Month October Day 2, Year 1959
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Nov. 6, 1883)
9. AGE (last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (City and state or country) Newark, New Jersey
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Rudolph Warth
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Paul Glaesel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Address Mrs. Gladys G. Corcoran, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 5 mos?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of breast — 4 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1951, to 10/2/59 and last saw her ~~him~~ alive on 10/2/59
Death occurred at 2:16 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Scott C. Benson M.D.
22b. ADDRESS 324 N. 6th
22c. DATE SIGNED 10/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify) removal
23b. DATE Oct. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery
23d. LOCATION (City, town, or county) (State) Troy, New York

24. FUNERAL DIRECTOR Neuhoffer-Freeman Inc. by BHG — ADDRESS St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Oct. 11, 1959
26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION

S.C. Benson, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Elbert E. Harring

Signature of Student Embalmer

Licensed Embalmer No. 32-38

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.