

FILED MAY 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 12231

BIRTH NO. 20037-50 REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5188 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <i>Cape Girardeau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Cape Girardeau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural Liberty</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural 0160</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3 mile west Whitewater</i>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <i>Baby</i> b. (Middle) <i>Gloth</i> c. (Last) <i>(Unnamed)</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 19, 1950</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>April 14-1950</i>
9. AGE (In years last birthday) <i>15</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>3 mile west Whitewater</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>Ruddle Gloth</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Steven (Gloth)</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Ruddle Gloth</i> ADDRESS <i>Whitewater #2</i>
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>It was what is known as a monstrosity.</i> ANTECEDENT CAUSES <i>It was not meant for her to live. It did not look like a human.</i> DUE TO (b) <i>live.</i> DUE TO (c) <i>The genes in the chromosomes contributed to it. I guess we will have to blame it on the genes in the chromosomes.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>none</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>750X</i>	
22. I hereby certify that I attended the deceased from <i>April 19, 1950</i> , to <i>April 19, 1950</i> , that I last saw the deceased alive on <i>April 19, 1950</i> , and that death occurred at <i>1 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>W. W. Sawalt M.D.</i> (Degree or title)		23b. ADDRESS <i>Delta, Mo</i>	23c. DATE SIGNED <i>Apr 20 '50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>April 19-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Pass Over</i>	24d. LOCATION (City, town, or county) (State) <i>near Whitewater Mo.</i>
DATE REC'D BY LOCAL REG. <i>4-24-50</i>	REGISTRAR'S SIGNATURE <i>D. S. Sabin</i> 43	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. Miller</i> ADDRESS <i>Jackson</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 4 1950

DISTRICT HEALTH OFFICE No

File No. 550-647

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 _____

This body was not embalmed.

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

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 this body is not embalmed, fact should be so stated above.