

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4988

State File No.

FILED MAR 6 1950

BIRTH NO. 15090-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 741

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>2 days</u>		d. STREET ADDRESS (If rural, give location) <u>XI</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>			

3. NAME OF DECEASED (Type or Print) <u>"BABY"</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 17 1950</u>		
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>			8. DATE OF BIRTH <u>Feb 15, 1950</u>		
9. AGE (In years last birthday) <u>—</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John H. Rasse</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Green</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>John H. Rasse</u>	ADDRESS <u>Marshall, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>40 hours</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probably baby born of diabetic mother</u>	Exact cause of death unknown	
ANTECEDENT CAUSES	DUE TO (b) <u>3rd baby 10#3 - died 3 days.</u>		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <u>2nd 10#2 - 11 86 hrs</u>		
	DUE TO (c) <u>3rd - 8#10 - 44th Prem (ecty)</u>		
II. OTHER SIGNIFICANT CONDITIONS	<u>Autopsy - negative</u>		
Conditions contributing to the death but not related to the disease or condition causing death.	<u>alo</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7/61</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from (with) 2-15, 1950, to 2-17, 1950, that I last saw the deceased alive on 2-16, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George V. Herrman</u> (Degree or title)	23b. ADDRESS <u>4-11 Alameda Rd.</u>	23c. DATE SIGNED <u>3/17/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2-17-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Herschberger</u>	ADDRESS <u>Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

S. No. 300
V. 10-48

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
Student Embalmer

Signed _____

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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 this body is not embalmed, fact should be so stated above.