

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18874

Do not use this space.

## 1. PLACE OF DEATH

(a) County Miller Registration District No. 562  
(b) Township Richwood Primary Registration District No. 5759  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 67 yrs. 4 mos. 3 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Benjamin Andrew Dake

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane Dake

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.  
67 4 26 X

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Oct. 1935 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) Miller County  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME G.W. Dake

14. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown  
(STATE OR COUNTRY)

17. INFORMANT M.J. Dake  
(ADDRESS) Dixon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dake Cem. DATE May 14 1938

19. FUNERAL DIRECTOR Bert Whittaker  
(ADDRESS)

20. FILED June 8 1938 Mrs. W.A. von Grunpe  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 19 35 to May 4, 19 38

I last saw him alive on May 4, 19 38 Death is said

to have occurred on the date stated above, at 2:15 P.M.

The principal cause of death and related causes of importance were as follows:

Cardiac enlargement and mitral insufficiency. Date of onset 1935

Other contributory causes of importance: None

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury X, 19 X

Where did injury occur? Specify city or town, county, and State

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify X

(Signed) Benjamin Andrew Dake M.D.

(Address) Brinktown, Mo.

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**