

FILED JAN 22 1951

THE DEPARTMENT OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1827

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		0644	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence 805 Paris</u>				d. STREET ADDRESS (If rural, give location) <u>805 Paris</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Horace Edwin Dakin (H.E.)</u>			b. (Middle)			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>January 4, 1950/1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>October 9, 1872</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>		11. BIRTHPLACE (State or foreign country) <u>Hannibal Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry F. Dakin</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Pierce</u>		14. NAME OF HUSBAND OR WIFE <u>Floy Wright Dakin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.E. Dakin Hannibal Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Aortic insufficiency</u>				<u>3 yrs.</u>	
DUE TO (c) <u>Hypoplastic anemia</u>						<u>3 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>4211</u>	
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)		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>3-27-48</u> , 19 <u> </u> , to <u>12-31-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>12-29-50</u> , 19 <u> </u> , and that death occurred at <u>2:40 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. L. Green</u>				(Degree or title) <u>M. D.</u>		23b. ADDRESS <u>100 N. Sixth, Hannibal, Mo.</u>	
23c. DATE SIGNED <u>1-5-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>		DATE REC'D BY LOCAL REG. <u>1-6-51</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FEDERAL DIRECTOR'S SIGNATURE <u>By W. C. Smith</u>	
ADDRESS <u>Hannibal Missouri</u>		(Licensed Embalmer's Statement on Reverse Side)					

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

0644

RECEIVED JAN 18 1951
MARION CO. HEALTH DEPT.
DATE FILED JAN 23 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.