

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34860

State File No. \_\_\_\_\_

FILED OCT 5 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Haskell</u>	
b. CITY OR TOWN <u>mtu grove, mo.</u>		c. CITY OR TOWN <u>Willow Spgs, Mo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>210 Grand</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cornwall Mem. Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Escar</u> b. (Middle) <u>M.</u> c. (Last) <u>Dake</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 17, 1953</u>		
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec 2, 1879</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>73</u> <u>9</u> <u>15</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Well Driller</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>James B. Dake</u>	13b. FATHER'S MAIDEN NAME <u>Liza Epton</u>	14. NAME OF HUSBAND OR WIFE <u>Mollie Dake</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>9</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earl F. Dake</u>	ADDRESS <u>Portland, Ore</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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 Sept 1953</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Hypertension</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Sept 6, 1953, to Sept 17, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 10:00 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Earl F. Dake</u>	23b. ADDRESS <u>Mountain View, Mo</u>	23c. DATE SIGNED <u>Sept 19, 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-20-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>mtu grove, mo</u>
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DATE REC'D BY LOCAL REG. <u>9-22-53</u>	REGISTRAR'S SIGNATURE <u>A.C. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stable, Waddy</u>	ADDRESS <u>mtu grove, mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 29 1953  
WRIGHT CO. HEALTH DEPT.  
County File Number 1053-131  
Date Filed 10-3-53

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 *Frank Shable*

Licensed Embalmer No. 4140

P. O. Address *Mtn Grove, N.C.*

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.