

FILED JAN 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2086

BIRTH NO. 12490714-53 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERIA RICHMONDS TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LIBERIA RICHMONDS TWP</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0660</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>SUE</u> c. (Last) <u>DAKE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 1, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>CHILD</u>	8. DATE OF BIRTH <u>Dec 28, 1953</u>
9. AGE (In years if under 1 year last birthday) Months <u>5</u> Days <u>5</u> Hours <u></u> Mins. <u></u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>LIBERIA MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Joseph Dake</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Jane Duncan</u>		14. NAME OF HUSBAND OR WIFE	
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>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Dake</u>		ADDRESS <u>LIBERIA, MO</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7544	
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) (Min.)	
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>Dec 28</u> , 19 <u>53</u> , to <u>Jan 1</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 31</u> , 19 <u>53</u> , and that death occurred at <u>7:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Wm. A. Gould</u> (Degree or title) <u>DO.</u>		23b. ADDRESS <u>LIBERIA MO</u>	
23c. DATE SIGNED <u>1/2/54</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAKE Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Miller County Missouri</u>		DATE REC'D BY LOCAL REG. <u>JAN 4-1954</u>	
REGISTRAR'S SIGNATURE <u>Jessie Perkins</u> 19 <u>5</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter P. Dudgeon</u> ADDRESS <u>LIBERIA, MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



JAN 21 1951

HEALTH DEPARTMENT

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

Walter D. Hedges

Licensed Embalmer No.

4365

P. O. Address

Kenia, Me

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.