

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036873

FILED VS OCT 21 1959

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 28

ENDED

1. PLACE OF DEATH a. COUNTY Maries				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Maries					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural So. Miller		Length of stay in 1b		c. CITY OR TOWN Rural So. Miller		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. West of Dixon			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) N. W. of Dixon		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle Newton Last Dake				4. DATE OF DEATH Month 10 Day 13 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/22/1879	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming Retired			10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (City and state or country) Miller County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME McMinn Dake			13b. MOTHER'S MAIDEN NAME Margaret Rowden			14. NAME OF HUSBAND OR WIFE Laura Dake			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Miss Evelyn Dake, Dixon, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE							INTERVAL BETWEEN ONSET AND DEATH UNK.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) GENERAL ARTERIOSCLEROTIC CARDIO - VASCULAR DISEASE							UNK.		
DUE TO (c) GENERALIZED ARTERIO SCLEROSIS (SEVERE)							UNK.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MARKED SENILITY WITH MULTIPLE STROKELETS.						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		Month, Day, Year							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 9-28-58 to 21 APRIL 59 and last saw her ^{her} alive on 21 APRIL 59 . Death occurred at 11:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Beryl Long M.D.				22b. ADDRESS Dixon, Mo			22c. DATE SIGNED 16 Oct 59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/16/1959	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery		23d. LOCATION (City, town, or county) (State) Miller County, Missouri				
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Missouri				ADDRESS		25. DATE RECD. BY LOCAL REG. Oct 19 1959		26. REGISTRAR'S SIGNATURE Thoylle Stetchison	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 100 27 OCT 1959

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 _____
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.