

S. No. 2  
M-2-43  
6-17-49  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35530**

NOV 8 1943  
Registration District No. **289**

Primary Registration District No. **5982**

Registrar's No. \_\_\_\_\_

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF BIRTH:

(a) County **Polk**

(b) City or town **Halfway (Rural) Mooney**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **8 miles South of Halfway**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days **Life**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Polk 84**

(c) City or town **Halfway (Rural) Mooney**  
(If outside city or town limits, write "RURAL")

(d) Street No. **8 miles South of Halfway**  
(If rural, give location)

(e) Citizen of foreign country? **Not** (Yes or No)  
If yes, name country **None**

3. (a) PRINT FULL NAME **Isaiah Harrington Dake**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **8,** year **1943** hour **11** minute **0** M.

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, divorced, or married **Married**

6. (b) Name of husband or wife **Cora L. Dake**

6. (c) Age of husband or wife if alive **Deceased**

7. Birth date of deceased **Dec. 23, 1875**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**

8. AGE: Years **67** Months **9** Days **15** If less than one day \_\_\_\_\_  
by \_\_\_\_\_ mfn.

9. Birthplace **Polk County Missouri**  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **gfa**

10. Usual occupation **Farmer**

11. Industry or business **Farming**

12. Name **William Dake**

13. Birthplace **Unknown**

14. Maiden name **Sarah Humbertson**

15. Birthplace **Unknown**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Robert D. Krom**

(b) Address **Halfway, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 10, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Pleasant Hope Cemetery**

18. (a) Signature of funeral director **William E. Erwin**

(b) Address **Palmar, Mo.**

19. (a) **10-20-43** (b) **Estelle Benton**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (c) Measur injury

23. Signature **John T. Tilton** (M. D. or other) **Coroner**

Address **Palmar, Mo.** Date signed **10-9-43**

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**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Willard B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Palmer, Mo.*

**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.**