No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1952

State File No. 2164

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5853 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Nodway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville-rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Nodaway
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Maryville-rural 0740
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Francis c. (Last) Dakan

4. DATE OF DEATH (Month) (Day) (Year) 2-2-1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3
8. DATE OF BIRTH 12-27-1911
9. AGE (In years last birthday) 40 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Maryville-Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME E. L. Dakan
13b. MOTHER'S MAIDEN NAME Anna Heaton
14. NAME OF HUSBAND OR WIFE divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS E. L. Dakan - Maryville - Mo -

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular disease heart
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 no operations except abdominal Tapping
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-15-, 1951, to 2-2-, 1952 that I last saw the deceased alive on 2-2-, 1952 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE L E Dean 0 (Degree or title) M D
23b. ADDRESS Maryville Mo
23c. DATE SIGNED 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0
24b. DATE 2-4-1952
24c. NAME OF CEMETERY OR CREMATORY Miriam
24d. LOCATION (City, town, or county) Maryville — (State) Mo

DATE REC'D BY LOCAL REG. 2-9-52
REGISTRAR'S SIGNATURE Bess Holt 229 0
25. FUNERAL DIRECTOR'S SIGNATURE G M Atkinson ADDRESS Maryville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 G M Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 2379

P. O. Address Waynville, 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.