

Stone

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

**FILED** MAR 12 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **8495**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **66**

**1. PLACE OF DEATH:**

(a) County **Boone**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Granau Convalescent Home 4**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Months**  
(Specify whether  
In this community **88 Years**  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Boone**  
(c) City or town **Rocheport**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **FRANK CHAMBERS DIMITT**

3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **7 - 27 - 1857**  
(Month) (Day) (Year)

8. AGE: Years **88** Months **7** Days **21** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Retired Druggist**

11. Industry or business \_\_\_\_\_

12. Name **Benjamin F. Dimitt**

13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah McDonald**

15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Norris Sampson**

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

17. (a) **Burial** (b) Date thereof **3-20-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Rocheport Cemetery**

18. (c) Signature of funeral director **Parson Funeral Service**  
**Columbia, Mo.**

(b) Address \_\_\_\_\_

19. (a) **Mar 21, 1946** (b) **Mrs. R.E. Palmer**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Mar.** day **18**  
year **1946** hour **8** minute **10** P.M.

21. I hereby certify that I attended the deceased from **March 11, 1946** to **March 18, 1946**  
that I last saw him alive on **March 11, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Myocarditis and pulmonary edema**  
**arterio-sclerosis**

Due to **Opel**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy **97**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

23. Signature **Dr. J. H. ...** (Specify type of place) (M. D. or other) \_\_\_\_\_  
Address **...** Date signed **3/20/46**

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

7427

DEC 4 1947

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

4-11-46

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

*M. S. Whiteides*

Licensed Embalmer No.

3893

P. O. Address

*Calumet, 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.