

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **10855**BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **116**

1. PLACE OF DEATH a. COUNTY ADAIR COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) KIRKSVILLE	c. LENGTH OF STAY (In this place) 8 DAYS	c. CITY OR TOWN GREENCASTLE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION KIRKSVILLE OSTEOPATHIC HOSP.		e. STREET ADDRESS (If rural, give location) No street address	
3. NAME OF DECEASED (Type or Print) a. (First) ERNEST b. (Middle) Holman c. (Last) DIMMITT		4. DATE OF DEATH (Month) (Day) (Year) 4 26 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 17, 1887
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STORE KEEPER		10b. KIND OF BUSINESS OR INDUSTRY RETAILING	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME Oscar Dimmitt		13b. MOTHER'S MAIDEN NAME Sophrina Bozarth	14. NAME OF HUSBAND OR WIFE Lora Dimmitt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 522-14-3360	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lora Dimmitt, Green Castle, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial ischemia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Coronary arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. left ventricular decompensation	
INTERVAL BETWEEN ONSET AND DEATH 30 minutes		INTERVAL BETWEEN ONSET AND DEATH 4 days	
INTERVAL BETWEEN ONSET AND DEATH 10 years		INTERVAL BETWEEN ONSET AND DEATH 1 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION NO OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE OR HOMICIDE (Specify) NONE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NONE		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NONE		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/> NONE	
21f. HOW DID INJURY OCCUR? NO INJURY		22. I hereby certify that I attended the deceased from Mar 1955 to April 26 1955 , that I last saw the deceased alive on April 26, 1955 , and that death occurred at 3:45 A.M. , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) M. T. Hutenshew D.O.		23b. ADDRESS Green Castle, Mo.	
23c. DATE SIGNED 4-26-55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE April 28, 1955		24c. NAME OF CEMETERY OR CREMATORY Green Castle Cemetery Green Castle, Mo.	
24d. LOCATION (City, town, or county) (State) Green Castle, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt	
DATE REC'D BY LOCAL REG. 4-28-55		REGISTRAR'S SIGNATURE Kate Lambert	
25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Hunt		ADDRESS Green Castle, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Karl P. Kent

Licensed Embalmer No. *461*

P. O. Address *Green Ct*

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.