

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006332

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 12 1962

1. PLACE OF DEATH

a. COUNTY

Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN ClintonLength of stay in lb
2 Wk, sc. CITY
OR TOWN Lewis StationInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 903 N 2 nd StInside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lillie

Eliza

Jackman

4. DATE
OF DEATH

Month

Day

Year

3

9

62

5. SEX

Female

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12-28-1881

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Housekeeping

11. BIRTHPLACE (City and state or country)

Nyhart Mo

12. CITIZEN OF WHAT COUNTRY

U S A

13a. FATHER'S NAME

Jefferson Dunsworth

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

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

Address

William Henson Lewis Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Septicemia

INTERVAL BETWEEN
ONSET AND DEATH

One Month

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

2nd + 3rd degree Burns Back & left side

3 months

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

None

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Clothing ignited from stove

20c. TIME OF
INJURYHour
Month, Day, Year

5 p.m.

12-14-61

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

own home

20f. CITY, TOWN, OR LOCATION

Lewis Station

COUNTY

Henry

STATE

Mo.

21. I attended the deceased from

12/14/61

to 3/9/62

and last saw her alive on 3/5/62

Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.B. Hughes, M.D.

22b. ADDRESS

Clinton Mo.

22c. DATE SIGNED

3/10/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3-12-62

23c. NAME OF CEMETERY OR CREMATORY

Butler Cem

23d. LOCATION (City, town, or county)

Butler

Mo

24. FUNERAL DIRECTOR

ADDRESS

Sickman & Dunning Clinton Mo

25. DATE RECD. BY LOCAL REG.

Mar 10 1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton m

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.