

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1042**  
Registrar's No. **690**

FILED JAN 20 1958

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3022</b>		Registrar's No. <b>690</b>	
1. PLACE OF DEATH a. COUNTY <b>HENRY</b> b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Clinton</b> c. LENGTH OF STAY (in this place) <b>30 min.</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Clinton General Hosp.</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>HENRY</b> c. CITY OR TOWN <b>Deepwater</b> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>0420</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) <b>L.</b> c. (Last) <b>Bigum</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 11, 1958</b>		5. SEX <b>Female</b> 6. COLOR OR RACE <b>white</b> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		
8. DATE OF BIRTH <b>Feb. 29, 1864</b>		9. AGE (In years last birthday) <b>93</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Franklin County Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Alfred Chiles</b>		13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE <b>W.H. Bigum</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>S.L. Bigum</b> ADDRESS <b>Deepwater Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac dilatation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b> DUE TO (c) <b>4222</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b> <b>2 yrs</b>	
19a. DATE OF OPERATION _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>acute Gastro-enteritis</b>				20. AUTOPSY <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>Sept 19, 1958</b> to <b>Jan 11, 1958</b> , that I last saw the deceased alive on <b>Jan 11, 1958</b> , and that death occurred at <b>1:30 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>S. B. Hughes M.D.</b>				23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>1-15-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JAN. 13, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dunning Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Deepwater Mo.</b>	
DATE REC'D BY LOCAL REG <b>1-13-58</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melvin L. Hansen</b> ADDRESS <b>Clinton City</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William L. Janssen*.....  
Licensed Embalmer No. *4529*

P. O. Address *Appleton, Wis.*

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.