DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1959

59-024578
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 209

1. PLACE OF DEATH
a. COUNTY: Cole (Jefferson Twp.)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Jefferson City — Length of stay in 1b:
c. FULL NAME OF HOSPITAL OR INSTITUTION: ½mi. East on Schott Road — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ½mi. East on Schott Road — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First / Middle / Last: MRS. JENNIE LEE CRUCHON
4. DATE OF DEATH: Month / Day / Year: July 27, 1959

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 2-16-1880
9. AGE (last birthday): 79
IF UNDER 1 YEAR: Months 5 Days 11 — IF UNDER 24 HR: 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: Own
11. BIRTHPLACE (City and state or country): Callaway Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Albert Cameron
13b. MOTHER'S MAIDEN NAME: Elizabeth ?
14. NAME OF HUSBAND OR WIFE: Robert Cruchon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Mr. Paul Cameron Schott Road J.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Coronary occlusion — 6 hrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carcinomatosis (primary rectum)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. 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.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from March 58, to present and last saw her/him alive on 6-1-59
Death occurred at 11:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. Moon M.D. (Degree or Title)
22b. ADDRESS: 515 E. High St.
22c. DATE SIGNED: 7/28/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 29, 1959
23c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
23d. LOCATION (City, town, or county) (State): Jefferson City, Mo.

24. FUNERAL DIRECTOR: Victor Buescher — ADDRESS: JC Mo
25. DATE RECD. BY LOCAL REG.: 27 July 1959
26. REGISTRAR'S SIGNATURE: R. P. Norris, MD-MR

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 370

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.