MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-000540
STATE FILE NUMBER

AMENDED

Registration District No. 47 Primary Registration District No. 4067 Registrar's No. 6

FILED JAN 16 1962

1. PLACE OF DEATH
a. COUNTY X Callaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auxvasse — Length of stay in Ib 22 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Callaway
c. CITY OR TOWN Auxvasse — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First CATHERINE Middle Last CRUM
4. DATE OF DEATH Month Jan. Day 7, Year 1962
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH Sept. 29, 70
9. AGE (last birthday) 91 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (City and state or country) Audrain County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME John T. Watts
13b. MOTHER'S MAIDEN NAME Martha E. Kessler
14. NAME OF HUSBAND OR WIFE George Crum
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mrs. A.C. Hudnut, Auxvasse, 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) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 10 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial failure — 3 wk.
DUE TO (c) arteriosclerotic heart disease — 30 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had cerebral vascular hemorrhage 3 mo ago
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 2.10.59 to 1.7.62 and last saw her alive on Dec 6, 1962
Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE William H. Jacquemo (Degree or title)
22b. ADDRESS 112 N. Clark Mexico Mo
22c. DATE SIGNED 1.8.62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan. 9, 62
23c. NAME OF CEMETERY OR CREMATORY Union Chapel
23d. LOCATION (City, town, or county) (State) Audrain County, Mo.
24. FUNERAL DIRECTOR ADDRESS Precht-Hueston, Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Jan. 8. 1962
26. REGISTRAR'S SIGNATURE Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

JAN 17 1962

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 Earl T Prewitt

Licensed Embalmer No. 3189

P. O. Address Mexico, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.