

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010210

FILED VS MAR 28 1960

STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5201 Registrar's No. 2

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission)			
a. COUNTY <i>Carroll</i>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sewitt Township</i>		a. STATE <i>Missouri</i>		b. COUNTY <i>Carroll</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b		c. CITY OR TOWN <i>Sewitt Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				<i>Northwest of Sewitt Missouri</i>			
3. NAME OF DECEASED (Type or print)			First Middle Last			4. DATE OF DEATH	
<i>GEORGE</i>			<i>AUDSLEY</i>			<i>March 10, 1960</i>	
5. SEX	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
<i>Male</i>	<i>White</i>		<i>Oct. 17, 1886</i>	<i>73</i>	Months <i>4</i>	Days <i>23</i>	Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
<i>Farmer</i>		<i>Farming</i>		<i>Sewitt Mo.</i>		<i>U. S. A.</i>	
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
<i>William Audsley</i>			<i>Martha Chapman</i>		<i>Gladis Audsley</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address			
<i>no</i>		<i>no</i>		<i>494-40-4634 Gladis Audsley - Sewitt Missouri</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Carcinomatous</i>							<i>7 mo</i>
DUE TO (b) <i>Adenocarcinoma of Rectum</i>							<i>2 yrs</i>
DUE TO (c) <i></i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days.
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY	Hour	Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 <i>Mar 19 1960</i> , to <i>Mar 30 1960</i> and last saw her alive or <i>Mar 1 1960</i>	Death occurred at <i>His home</i> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title)				22b. ADDRESS		22c. DATE SIGNED	
<i>Eugene Gales MD</i>				<i>Carroll for MO.</i>		<i>3-17-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)	
<i>Burial</i>	<i>3-12-60</i>	<i>Eugene Cemetery</i>		<i>Sewitt</i>		<i>MO.</i>	
24. FUNERAL DIRECTOR ADDRESS			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<i>Marshall Funeral Home</i>			<i>March-22-1960</i>		<i>Pearl Koch</i>		
<i>Carrollton, MO</i>			(Licensed Embalmer's Statement on Reverse Side)				

DOCUMENT

BY AFFIDAVIT OF Eugene Gales, M.D. MEDICAL CERTIFICATION

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. M. M. [Signature]*

Licensed Embalmer No. 4469

P. O. Address Carleton 7

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.