

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031509

STATE FILE NUMBER

AMENDED

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 163

FILED SEP 5 1961

1. PLACE OF DEATH

a. COUNTY Saline

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Marshall

Length of stay in 1b

1-Week

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Johnson Nursing Home

Inside Limits

Yes ☒ No ☐

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

a. STATE Mo

b. COUNTY Saline

c. CITY

OR
TOWN Slater

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

10 Miles NW Slater

Reside on Farm

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

First

JUDSON

Middle

HAMNER

Last

AUDSLEY

4. DATE

OF
DEATH

Month

Sept. 1

Day

Year

1961

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/1/1881

9. AGE (last birthday)

80

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)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Miami, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Audsley

13b. MOTHER'S MAIDEN NAME

Victoria Olinger

14. NAME OF HUSBAND OR WIFE

Margaret Audsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL SECURITY NO.

499-40-2681

17. INFORMANT

Mrs. J. H. Audsley Miami, 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)

Cerebral accident.

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

DUE TO (b)

Diabetes - arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

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.

☐ 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.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

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

to

Sept 1

and last saw him alive on

Sept 1-61

Death occurred at

Marshall, Mo Sept 1-61

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

John R. Lawrence, M.D.

22b. ADDRESS

Marshall, Mo

22c. DATE SIGNED

9-2-61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

9/4/1961

23c. NAME OF CEMETERY OR CREMATORY

Slater (City)

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

Slater, Mo

24. FUNERAL DIRECTOR

ADDRESS

Haines Funeral Home Slater, Mo

25. DATE RECD. BY LOCAL REG.

9-2-61

26. REGISTRAR'S SIGNATURE

Cecil B. Read

(Licensed Embalmer's Statement on Reverse Side)

SEP 12 1961

OCT 4 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 Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Slater, 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.