

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021070

AMENDED

Primary Registration District No. 137 Registrar's No. 146 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY Henry
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clinton Length of stay in 1b 1 day
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Wetzel Hospital Inside Limits Yes No

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

3. NAME OF DECEASED (Type or print) First DENA Middle ROWENA Last AUDSLEY 4. DATE OF DEATH Month June Day 16 Year 1961

5. SEX Female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8/13/17 9. AGE (last birthday) 43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY * 11. BIRTHPLACE (City and state or country) Leesville, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Claude Elmer Briggs 13b. MOTHER'S MAIDEN NAME Rebekah Sell 14. NAME OF HUSBAND OR WIFE Robert E. Audsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. 493-22-2730 17. INFORMANT Address Robert E. Audsley, Chilhowee, 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) Acute circulatory failure
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pulmonary edema
 DUE TO (c) Subacute bacterial endocarditis

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pregnancy with delivery, renal bacterial emboli

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 1:20 a.m. p.m. Month, Day, Year Jan 1957

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 Clinton, Mo. COUNTY Clinton STATE Mo.

21. I attended the deceased from Jan 1957 to June 16, 1961 and last saw her alive on June 16, 1961
 Death occurred at 1:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. E. Harbaugh, D.D. 22b. ADDRESS Clinton, Mo. 22c. DATE SIGNED 6/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6/19/61 23c. NAME OF CEMETERY OR CREMATORY Englewood 23d. LOCATION (City, town, or county) (State) Clinton, Mo.

24. FUNERAL DIRECTOR Cook Funeral Home, Chilhowee, Mo. ADDRESS Englewood 25. DATE RECD. BY LOCAL REG. June 19, 1961 26. REGISTRAR'S SIGNATURE Waldred Bigum

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 27 1961

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 _____

Licensed Embalmer No. 4335

P. O. Address Chilhowee, Va.

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.