

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8625

State File No. 1156

FILED APR 6 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Newton	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 411 E. 8th	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ethel	b. (Middle) Mae	c. (Last) SOUDER	4. DATE OF DEATH (Month) (Day) (Year) March 12 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Widowed	8. DATE OF BIRTH Feb. 28, 1886	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Indiana	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Nicholas S. Coble	13b. MOTHER'S MAIDEN NAME Cora Marshall	14. NAME OF HUSBAND OR WIFE James Byron Souder
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mr. Kermit W. Oaks 817 Lawrence Emporia, Kans.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying; such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2 car collision)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION E 816.4 26	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) hickory on Inter City	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City "Rural" Jackson Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) March 12 1949 2:30 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile accident 48
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE High H. OWENS	(Degree or title)	23b. ADDRESS 1034 Park Blvd.	23c. DATE SIGNED 3-13-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/13/49	24c. NAME OF CEMETERY OR CREMATORY Newton	24d. LOCATION (City, town, or county) (State) Newton Kansas
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DATE REC'D BY LOCAL REG. 3-13-49	REGISTRAR'S SIGNATURE Steadline Holmes	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Melody-McGilley-Eylar Kansas City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

Hair - Gray.
Eyes - Brown
Ht - 5 ft 3 in
Wt - 155 lbs.

APR 6 1949

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 _____
Student Embalmer

Signed Max W. Kirkendall

Licensed Embalmer No. 4632

P. O. Address A. C. 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 this body is not embalmed, fact should be so stated above.