

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-033351

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 454

STATE FILE NUMBER

AMENDED

FILED OCT 3 1961

1. PLACE OF DEATH
a. COUNTY **JASPER**

b. CITY (if outside corporate limits, give TOWNSHIP only)
OR TOWN **JOPLIN** Length of stay in lb **1 week**

c. FULL NAME OF (if NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. JOHN'S HOSPITAL** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **OKLAHOMA** b. COUNTY **OTTAWA**

c. CITY OR TOWN **PICHER** Inside Limits Yes No

d. STREET ADDRESS (if outside, give location) **109 South Ethel Street** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
JACOB THRAIL SOULEN **SEPT. 25 1961**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH **AUG. 26, 1899** 9. AGE (last birthday) **62**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SHARP FOREMAN** 10b. KIND OF BUSINESS OR INDUSTRY **EAGLE PICHER MINING CO.** 11. BIRTHPLACE (City and state or country) **Galena, Kan.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Lewis SOULEN** 13b. MOTHER'S MAIDEN NAME **Margie Foust** 14. NAME OF HUSBAND OR WIFE **BEATRICE SOULEN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WORLD WAR I** 17. INFORMANT **BEATRICE SOULEN** Address **PICHER, OKLA.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Uremia**
DUE TO (b) **Pyelonephritis, Chronic**
DUE TO (c) **18 mo**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. **4+ years**

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 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 **9/10/59** to **9/25/61** and last saw ^{her} him alive on **9/25/61**
Death occurred at **12:45 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **A.K. Weiman M.D.** 22b. ADDRESS **Medical Arts Bldg Joplin Mo.** 22c. DATE SIGNED **9/26**

23a. BURIAL, CREMATION, REMOVAL (Specify) **removal** 23b. DATE **9-25-61** 23c. NAME OF CEMETERY OR CREMATORY **Ozark Memorial** 23d. LOCATION (City, town, or county) **Joplin Jasper Mo.**

24. FUNERAL DIRECTOR ADDRESS **Paul Thomas Funeral Home-Picher, Okla.** 25. DATE RECD. BY LOCAL REG. **9-26-1961** 26. REGISTRAR'S SIGNATURE **Dorice Merriam**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 4 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 Paul Thomas

Licensed Embalmer No. 1344

P. O. Address Richmond

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.