

FILED FEB 7 1949

STANDARD CERTIFICATE OF DEATH

State File No. 1138

BIRTH NO. REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 55571 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET/ ADDRESS (If rural, give location) <u>West Plains, Mo. Pottersville St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION.			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Zillah</u> b. (Middle) <u>Rosita</u> c. (Last) <u>Simis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-2-49</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>8-26-1976</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>6</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Green Co Mo</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Marcus Fletcher</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Jackson</u>	
14. NAME OF HUSBAND OR WIFE <u>H. C. Simis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>H. C. Simis</u>		18. ADDRESS			

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2/49</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 1949, to <u>Jan 2</u> , 1949, that I last saw the deceased alive on <u>Jan 1</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Zillah Rosita Simis</u>		23b. ADDRESS <u>West Plains, Mo</u>		23c. DATE SIGNED <u>5 Jan 49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE <u>1-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pottersville Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Howell Co Mo</u>		DATE REC'D BY LOCAL REG. <u>1-29-49</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson's West Plains Mo</u>		ADDRESS <u>West Plains Mo</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed 2-2-49
District File Number 6760
Health Officer No. 5, 2-2-49

Rec

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 A. D. Robertson

Licensed Embalmer No. 3437

P. O. Address. Westlake W

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.