

FILED MAR 17 1950  
Dr. Tanner

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8109**  
Registrar's No. **62**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City</b>	
c. LENGTH OF STAY (in this place) <b>9 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>105 West High Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>105 West High Street</b>		e. STREET ADDRESS <b>105 West High Street</b>	

3. NAME OF DECEASED (Type or Print) <b>Barbara Jane Simhiser</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar-10-1950</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Nov-9-1884</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 HR. Hours <b>0</b>	IF UNDER 1 MIN. Minutes <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shoemaker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Business</b>		11. BIRTHPLACE (State or foreign country) <b>Miller County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joseph Williams</b>		13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>Ernest Simhiser</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-24-3680</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nigle L. Pearson, Jefferson City, Mo</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2-3 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary arteriosclerosis</b>		
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Jefferson City Cole Mo.</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **March 10, 1950**, to **March 10, 1950**; that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Robert H. Tanner, M.D.</b>		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>3-11-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar-14-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Eugene Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Eugene, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>March 13/50</b>	REGISTRAR'S SIGNATURE <b>R.P. Davis, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. Gordon</b>		ADDRESS <b>Jefferson City, Mo</b>

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number \_\_\_\_\_  
RECEIVED  
MAR 15 1950  
District Health Officer No. 9,

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *George J. Gordon*  
Licensed Embalmer No. *1286*  
P. O. Address *Jefferson City 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.