

**FEDERAL BUREAU OF INVESTIGATION  
FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005570**

**FILED VS MAR 1 0 1960**

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 49 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Smithville</b>		Length of stay in 1b <b>10 hours</b>	c. CITY OR TOWN <b>Kansas City,</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hosp. Smithville Community</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3328 Campbell</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Edward</b> Last <b>Yancey</b>			4. DATE OF DEATH Month <b>Feb.</b> Day <b>25,</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-30-1881</b>	9. AGE (last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>		11. BIRTHPLACE (City and state or country) <b>Gainsville Georgia USA</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Boss Yancey</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Porter</b>		14. NAME OF HUSBAND OR WIFE <b>Stella Yancey</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>495-03-478</b>		17. INFORMANT Address <b>Mary Rollins Platte City, Mo.</b>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Ventricular fibrillation</b>		<b>Sudden</b>
DUE TO (b) <b>Coronary Occlusion</b>		<b>2 hrs</b>
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease conditions given in PART I (a) <b>Chronic Bronchial Asthma &amp; emphysema</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (See instructions in injury in PART I or PART II of item 18.) <b>Coronary artery atherosclerosis</b>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1947 to 2/25/60 and last saw her <sup>him</sup> alive on 2/25/60  
Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Isaiah Parker M.D.</b>	Degree or title	22b. ADDRESS <b>Platte City, Mo</b>	22c. DATE SIGNED <b>2/27/60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>2-27-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>I. O. O. F. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Smithville Mo.</b>

24. FUNERAL DIRECTOR <b>Rollins &amp; Mitchell Platte City, Mo.</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>2-27-60</b>	26. REGISTRAR'S SIGNATURE <b>Marquette Hudgens</b>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by Tommy R. Rollins, Student Embalmer No. 584  
working under my personal supervision.

Student Tommy R. Rollins Signed Rand M. Giffey  
Signature of Student Embalmer

Licensed Embalmer No. 4725

P. O. Address Patto 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.