

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS JUN 29 1960

**-60-023510**  
STATE FILE NUMBER

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <b>Jacks on</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Grandview</b>		Length of stay in 1b <b>61 yrs.</b>		c. CITY OR TOWN <b>Grandview Missouri</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>907 High Grove Rd.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>907 High Grove Rd.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>DOLPH</b> Middle <b>DEAN</b> Last <b>SMITHEY</b>				4. DATE OF DEATH Month <b>6</b> - Day <b>21</b> - Year <b>60</b>					
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-2-85</b>	9. AGE (last birthday) <b>75</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>		11. BIRTHPLACE (City and state or country) <b>Dover Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Albert Smithey</b>			13b. MOTHER'S MAIDEN NAME <b>Levisa Burgess</b>			14. NAME OF HUSBAND OR WIFE <b>Mae Smithey</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Grandview</b> <b>Mae Smithey 907 High Grove</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>MYOCARDIAL INFARCTION, ACUTE</b>							INTERVAL BETWEEN ONSET AND DEATH <b>6 HOURS.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CORONARY THROMBOSIS, ACUTE</b>							<b>6 HOURS</b>		
DUE TO (c) <b>CORONARY ATHEROSCLEROSIS</b>							<b>8 YRS.</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>NONE</b>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <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. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour <b>7:45</b> a.m. <b>AM</b> Month, Day, Year <b>FEB. 25, 1947</b>	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 <b>FEB. 25, 1947</b> to <b>JUNE 21, 1960</b> and last saw him alive on <b>MAY 27, 1960</b> Death occurred at <b>7:45 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Herbert A. Tracy, M.D.</b>					22b. ADDRESS <b>BELTON, Mo.</b>			22c. DATE SIGNED <b>6-22-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>6-23-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LEES SUMMIT CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>LEES SUMMIT MISSOURI</b>				
24. FUNERAL DIRECTOR <b>E.K. George &amp; Sons</b>			ADDRESS <b>Grandview Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-22-60</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 0 8 NUR SA

STATEMENT BY LICENSED EMBALMER

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

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Stirling E. Board*

Licensed Embalmer No. 4911

P. O. Address Grandville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.

*Stirling E. Board*