

STATE OF WYOMING
DEPARTMENT OF PUBLIC HEALTH
CERTIFICATE OF DEATH

1969

TYPE OR PRINT IN
PERMANENT INK
SEE HANDBOOK FOR
INSTRUCTIONS

DECEASED
USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFICATE

2-10-17-18

DECEASED—NAME 1. MACK VINSON SMITH		SEX 2. MALE	DATE OF DEATH (MONTH, DAY, YEAR) 3. DECEMBER 10, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. WHITE	AGE—LAST BIRTHDAY (YEARS) 5a. 74	UNDER 1 YEAR 5b. 74	DATE OF BIRTH (MONTH, DAY, YEAR) 6. FEB. 16, 1895
CITY, TOWN, OR LOCATION OF DEATH 7a. 12 MILES NORTH BIGPINEY	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7b. NO	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7c. IN HOME AT RANCH	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. ARK.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. MARRIED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. HAZEL BEESELY
SOCIAL SECURITY NUMBER 12. 520-42-9610	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. SEMI-RETIRED RANCHER	KIND OF BUSINESS OR INDUSTRY 13b. RANCHER	
RESIDENCE—STATE 14a. WYOMING	CITY, TOWN, OR LOCATION 14c. BIG PINEY	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. NO	STREET AND NUMBER 14e. ---
FATHER—NAME 15. JOSEPH P. SMITH	MOTHER—MAIDEN NAME 16. DRUSIA GRUBBS		
INFORMANT—NAME 17a. Richard P. Trauer	MAILING ADDRESS 17b. P.O. BOX 100 BIG PINEY, WYO. 83113		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE (a) 4109 Cardiac failure (b) Myocardial infarction (c) Coronary insufficiency DUE TO, OR AS A CONSEQUENCE OF: 30 min 30 min 1 Hr			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) None known or evident			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a. Natural	DATE OF INJURY (MONTH, DAY, YEAR) 20b. N.A.	HOUR 20c. N.A.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) 20d. N.A.
INJURY AT WORK (SPECIFY YES OR NO) 20e. No	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f. N.A.	LOCATION 20g. N.A.	
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM DOA	21b. I DID NOT VIEW THE BODY AFTER DEATH. DOA	21c. DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 6A	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a. 10 Dec 1969	HOUR OF DEATH 22b. 6:00	THE DECEASED WAS PRONOUNCED DEAD 22c. DEC 10 1969	DATE SIGNED (MONTH, DAY, YEAR) 22d. 12 Dec 1969
CERTIFIER—NAME (TYPE OR PRINT) 23a. E.B. BURGOWN, M.D.	SIGNATURE 23b. Edmund B. Burgown, M.D.	DEGREE OR TITLE 23c. M.D.	STATE 23d. WYO.
MAILING ADDRESS—CERTIFIER 23e. P.O. Box 159 Big Piney, WY 83113	STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP 23f. BIG PINEY, WYO. 83113		
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. BURIAL	CEMETERY OR CREMATORY—NAME 24b. MAINVIEW CEMETERY	LOCATION 24c. BIG PINEY, WYO.	
DATE 24d. DEC 13 1969	FUNERAL DIRECTOR—NAME AND ADDRESS 24e. TANNER MORTUARY BIG PINEY, WYO. 83113	REGISTRAR—SIGNATURE 25a. Hazel P. Blaow	DATE RECEIVED BY LOCAL REGISTRAR 25b. Dec. 23, 1969

THIS IS TO CERTIFY THAT THIS REPRODUCTION IS A TRUE COPY OF A RECORD ON FILE IN VITAL RECORDS SERVICES, DIVISION OF HEALTH AND MEDICAL SERVICES, WYOMING DEPARTMENT OF HEALTH AND SOCIAL SERVICES, CHEYENNE, WYOMING.

LAWRENCE J. COHEN, M. D.
STATE REGISTRAR

DATE ISSUED January 19, 1970

By **Ann L. Amere**
VITAL RECORDS SERVICES