

STATE OF TENNESSEE

Office of Vital Records

1206065

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

DECEDENT 1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix) Bobby Louis Smartt		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) October 9, 2012	
4. TIME OF DEATH (Approx.) 3:35 am		5a. AGE-Last Birthday (Years) 58		5b. PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other residence <input type="checkbox"/> Other (Specify) _____	
6. DATE OF BIRTH (Month, Day, Year) August 13, 1954		7. BIRTHPLACE (City and State or Foreign Country) Lincoln County			
8a. FACILITY NAME (If not institution, give street and number) Saint Thomas Hospital		8b. CITY OR TOWN Nashville		8c. COUNTY OF DEATH Davidson	
9. MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		10. SURVIVING SPOUSE (If wife, give name prior to first marriage) Sharron Lusco Smartt		11a. DECEDENT'S USUAL OCCUPATION Broadcasting	
12. SOCIAL SECURITY NUMBER 413-02-5204		13a. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		13b. CITY OR TOWN Lewisburg	
13c. STREET AND NUMBER 1781 John R. Hill Road		13d. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		13e. ZIP CODE 37091	
15. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade; no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, M.S., M.Ed., M.S.W., M.B.A.) <input type="checkbox"/> Doctorate (e.g., Ph.D., Ed.D.) or Professional degree (e.g., MD, DDS, DVM, LL.B., JD) <input type="checkbox"/> Unknown		16. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ <input type="checkbox"/> Unknown		17. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Unknown	
18. FATHER'S NAME (First, Middle, Last) Robert Smartt		19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (First, Middle, Last) Mardell Walker			
20a. INFORMANT'S NAME Sharron Lusco Smartt		20b. RELATIONSHIP TO DECEDENT Spouse		20c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 1781 John R. Hill Road, Lewisburg, TN 37091	
21a. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) _____		21b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) Rose Hill Cemetery		21c. LOCATION - City or Town and State Fayetteville, Tennessee	
22a. SIGNATURE OF FUNERAL DIRECTOR James E. Davis Jr.		22b. LICENSE NUMBER 5579		22c. SIGNATURE OF EMBALMER James E. Davis Jr.	
23a. NAME AND ADDRESS OF FUNERAL HOME Bills McGaugh Funeral Home, 755 Yell Road, Lewisburg, TN 37091		23b. LICENSE NUMBER OF FUNERAL HOME 857			
24. REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. DATE FILED (Month, Day, Year) October 15, 2012			
26. CERTIFIER (Check only one) 26a. <input checked="" type="checkbox"/> PHYSICIAN - To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner stated. 26b. <input type="checkbox"/> MEDICAL EXAMINER - On the basis of examination, autopsy investigation, in my opinion, death occurred at the date, end place, and due to the cause(s) and manner stated.					
27a. SIGNATURE OF CERTIFIER <i>[Signature]</i>		27b. LICENSE NUMBER MD010619		27c. DATE SIGNED (Month, Day, Year) Oct 15, 2012	
27d. NAME AND ADDRESS Dr. David Glassford, M.D. 4230 Harding Rd. Nashville, TN					
28. PART I. Enter the <u>immediate cause</u> (disease, injuries, or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST a. <u>Ventricular Arrhythmia - Tachycardia</u> b. <u>Coronary Artery Disease</u> c. _____ d. _____					
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.					
30. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		31. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		32. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
33. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____		34a. DATE OF INJURY (Month, Day, Year) 34c. DESCRIBE HOW INJURY OCCURRED		34b. TIME OF INJURY 34d. PLACE OF INJURY - at home, farm, street, factory, office, building, etc. (Specify)	
34e. LOCATION OF INJURY (Street and Number, City or Town, State)					

PH-1059 (Rev. 10/2011)

RDA 1399

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5530841

[Signature]
 Teresa S. Hendricks
 STATE REGISTRAR

[Signature]
 Tonya Y. Foreman, Local Registrar
 Davidson County, Tennessee

Date Issued

CERTIFICATION OF VITAL RECORD