

LOCAL REGISTRAR'S
FILE NO.

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

STATE FILE NO.

15514

<p>1. PLACE OF DEATH b. COUNTY Muskogee</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution, institution before admission) e. STATE Oklahoma f. COUNTY Muskogee</p>	
<p>d. CITY, TOWN, OR LOCATION Muskogee</p>	<p>c. LENGTH OF STAY IN ID 20 yrs.</p>	<p>e. CITY, TOWN, OR LOCATION Muskogee</p>	
<p>3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1619 Houston</p>		<p>4. STREET ADDRESS 1619 Houston</p>	
<p>5. IS PLACE OF DEATH INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>		<p>6. IS RESIDENCE INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	

<p>3. NAME OF DECEASED (Type or print) James Paul Hinson</p>			<p>4. DATE OF DEATH 9 23 60</p>		
<p>5. SEX male</p>	<p>6. COLOR OR RACE white</p>	<p>7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5-9-1904</p>	<p>9. AGE (In years last birthday) 56</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman</p>
<p>10b. KIND OF BUSINESS OR INDUSTRY Police Force</p>			<p>11. BIRTHPLACE (State or foreign country) Tenn.</p>		
<p>13. FATHER'S NAME Tom Hinson</p>			<p>14. MOTHER'S MAIDEN NAME Unknown</p>		
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>		<p>16. SOCIAL SECURITY NO. 446-30-5255</p>		<p>17. IMPROBABILITY Mrs. Delmas Hinson 1619 Houston</p>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Maniac Depressive Psychosis**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONSIDERED UNDER PART I (a) _____

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form 10.)
Fall

20c. TIME OF INJURY
Hour: _____ Month: **9** Day: **23** Year: **60**
a. m. _____ p. m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Muskogee

20f. CITY, TOWN, OR LOCATION
Muskogee

20g. COUNTY
Muskogee

21. I attended the deceased from **8/9/56** to **9/2/60** and last saw him alive on _____
Death occurred at _____ on the date stated above; and to the best of my knowledge, from the cause stated above.

22a. SIGNATURE (Degree or title)
[Signature]

22b. ADDRESS
426 No. 6th, Muskogee, Okla.

23a. BURIAL, CREATION, REMOVAL (Specify)
burial

23b. DATE
9-26-60

23c. NAME OF CEMETERY OR CREMATORY
Greenhill

23d. LOCATION (City, town, or county)
Muskogee Oklahoma

24. DATE RECD. BY LOCAL REG.
9-28-60

25. REGISTRAR'S SIGNATURE
[Signature]

26. FUNERAL DIRECTOR
Bradler-Agent 1020 W. ...

MEDICAL CERTIFICATION