

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

7902

STATE FILE NO.

03058

1. PLACE OF DEATH a. COUNTY Pittsburg		2. USUAL RESIDENCE (Where deceased lived 31 months before admission) b. STATE Oklahoma		c. COUNTY Latimer	
b. CITY, TOWN, OR LOCATION McAlester		c. LENGTH OF STAY IN 10 5 days		c. CITY, TOWN, OR LOCATION Wilburton	
d. NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		4. STREET ADDRESS South Central Street			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) GUY D. CANTRELL			4. DATE OF DEATH Jan. 31, 1961		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 9, 1904	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR 9 months 22 days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Professional Baseball		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Clarita, Oklahoma	
13. FATHER'S NAME Tom Cantrell			14. MOTHER'S MAIDEN NAME Edna (Maiden Name Unknown)		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 454-24-5670		17. INFORMANT Tom Cantrell - Wilburton, Oklahoma	
--	--	--	--	---	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I: DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident		INTERVAL BETWEEN ONSET AND DEATH 5 days
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 CONDITION CARRIED IN PART I (a) ① Chronic alcoholism ② Asthma		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT 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 1-27-61 to 1-31-61 and last saw her alive on 1-31-61	
Death occurred at 4:50 P.M. on the date stated above; and to the best of my knowledge, from the cause stated.	

22a. SIGNATURE (Degree or title) S. L. Norman, MD	22b. ADDRESS McAlester, Okla.	22c. DATE SIGNED 2-2-61
---	----------------------------------	----------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Buried	23b. DATE 2-1-1961	23c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery	23d. LOCATION (City, town, or county) Wilburton, Oklahoma
--	-----------------------	--	--

24. DATE REC'D BY LOCAL REG.	25. REGISTRAR'S SIGNATURE P. M. P.	26. FUNERAL DIRECTOR BURKE-JONES FUNERAL HOME
------------------------------	---------------------------------------	--

MEDICAL CERTIFICATION