

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

02448

LOCAL REGISTRARS FILE NO.

STATE BIRTH NO.

STATE FILE NO.

1. DECEASED - NAME Thomas Gentry Warren			2. SEX M	3. DATE OF DEATH (Month, Day, Year) 1/2/68	
4. RACE (White, Neg., Amer. Indian, etc.) White		5. AGE (Last birthday) 30	6. UNDER 1 YEAR (Month, Day, Year) 1/5/17	7. COUNTY OF DEATH Tulsa	
8. CITY, TOWN, OR LOCATION OF DEATH Tulsa		9. HOSPITAL OR OTHER INSTITUTION - NAME (If not in index, give Street and Number) Ramada Inn 4528 E. Skelly Dr		10. SURVIVING SPOUSE (If Wife, Give Maiden Name)	
11. STATE OF BIRTH (If not in U.S.A., Name Country) Oklahoma		12. CITIZEN OF WHAT COUNTRY U.S.		13. KIND OF BUSINESS OR INDUSTRY Tulsa Oilers	
14. SOCIAL SECURITY NUMBER 445-07-9943		15. USUAL OCCUPATION (Give kind of work done during most of working life) Retired Baseball Player		16. RESIDENCE - STATE Oklahoma	
17. RESIDENCE - CITY, TOWN, OR LOCATION Tulsa		18. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. STREET AND NUMBER 2109 W. Easton	
20. FATHER - NAME Fay W. Warren		21. MOTHER - MAIDEN NAME Maude Cox Jones		22. INFORMANT - NAME Family	
23. MAILING ADDRESS 2109 W. Easton - Tulsa, Okla.		24. (Street or R.F.D. No., City or Town, State, Zip)			

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
1. IMMEDIATE CAUSE (a) Gunshot to chest				
2. DUE TO OR AS A CONSEQUENCE OF:				
3. DUE TO OR AS A CONSEQUENCE OF:				
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))				
25. ACCIDENT <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED <input checked="" type="checkbox"/>		26. DATE OF INJURY (Month, Day, Year) 1-2-68	27. HOUR 9 M	28. HOW INJURY OCCURRED (Enter name of injury in part I or Part II (a)) Shot in chest to chest
29. INJURY AT WORK <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		30. PLACE OF INJURY: At Home <input type="checkbox"/> Farm <input type="checkbox"/> Store <input type="checkbox"/> Shop <input type="checkbox"/> Office <input type="checkbox"/> Blgd. <input type="checkbox"/> Etc. Hotel		31. LOCATION (Street or R.F.D. No., City or Town, State) Tulsa, Okla.
32. CERTIFICATION - Month Day Year Physician I attended the Deceased from		33. AND LAST SAW HIM/LIVE ON Month Day Year		34. IF HE/ SHE DID NOT LIVE AFTER DEATH Month Day Year
35. CERTIFICATION - MEDICAL EXAMINER OR LOCAL HEALTH OFFICER AT On the basis of the examination of the body and/or the investigation, in accordance with the laws of the State of Oklahoma, death occurred on the date and due to the cause (a) stated.		36. THE DECEDENT WAS PROBABLY DEAD ON Month Day Year		37. AT Month Day Year
38. CERTIFYING PHYSICIAN (Type or Print) HARLAN HOWARD		39. SIGNATURE <i>Harlan Howard</i>		40. DEGREE OR TITLE MD
41. MAILING ADDRESS OF CERTIFYING PHYSICIAN 524 S. Boulder 204-Tulsa, Okla. 74103		42. STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP State Okla. Zip		43. DATE SIGNED (Month, Day, Year) 1-16-68
44. BURIAL, CREMATION, REMOVAL (Specify) Burial		45. DATE (Month, Day, Year) 1 5 68		46. CEMETERY OR CREMATORY - NAME Memorial Park
47. LOCATION (City or Town, State) Tulsa Okla.		48. FUNERAL HOME, NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) John Ennis F. Ser. - 902 S. Boulder		49. FUNERAL DIRECTOR John Ennis
50. REGISTRAR'S SIGNATURE <i>Beagle W. Prather, M.D.</i>		51. DATE REC'D BY LOCAL REG. 1-19-68		52. DATE RECEIVED BY STATE REGISTRAR JAN 24 1968