

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

0807

STATE BIRTH NO.

STATE FILE NO.

| | | | | | |
|---|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <p align="center">Cleveland</p> | | 2. USUAL RESIDENCE (Where declared dead. If conditions different before and after death) a. STATE <p align="center">Oklahoma</p> | | b. COUNTY <p align="center">Johnston</p> | |
| b. CITY, TOWN, OR LOCATION <p align="center">Norman, Oklahoma</p> | | c. LENGTH OF STAY IN ID <p align="center">20 days</p> | | c. CITY, TOWN, OR LOCATION <p align="center">Tishomingo, Oklahoma</p> | |
| 4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) <p align="center">Central State Griffin Memorial</p> | | 4. STREET ADDRESS <p align="center">403 E. 9th</p> | | | |
| 7. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 5. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 7. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type in print) <p align="center">Vallie Ennis Eaves</p> | | 6. DATE OF DEATH <p align="center">19 60</p> | | 8. MONTH DAY YEAR <p align="center">19 60</p> | |
| 9. SEX <p align="center">Male</p> | 10. COLOR OR RACE <p align="center">White</p> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <p align="center">9-6-11</p> | 9. AGE (In years last birthday) <p align="center">48</p> | 10. HEIGHT (Inches) 11. WEIGHT (Pounds) 12. HAIR (Color) 13. EYES (Color) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Baseball-tough neck</p> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <p align="center">Oklahoma</p> | |
| 12. FATHER'S NAME <p align="center">George W. Eaves</p> | | 14. MOTHER'S MAIDEN NAME <p align="center">Hattie Langston</p> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give one or dates of service) <p align="center">Unknown</p> | | 16. SOCIAL SECURITY NO. | | 17. DECEASED RECEIVED FROM <p align="center">Central State Griffin Memorial Hospital</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) <p align="center">Pulmonary hemorrhage</p> Conditions, if any, which gave rise to above cause (b): <p align="center">Bronchiogenic carcinoma</p> DUE TO (b) DUE TO (c) | | 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART I) <p align="center">10-min</p> | | | |
| 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 20c) | | | |
| 20c. TIME OF INJURY Hour: _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | CITY | |
| 21. I attended the deceased from <u>2-12-60</u> to <u>4-19-60</u> and last saw <u>alive</u> on <u>4-19-60</u> . Death occurred at <u>1:30</u> on the date stated above, and to the best of my knowledge, from the cause stated. | | | | | |
| 22a. SIGNATURE <p align="center">Charles Carter, M.D.</p> | | 22b. ADDRESS <p align="center">Central State Hospital</p> | | 22c. CITY | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Removal</p> | | 23b. DATE <p align="center">Reg. 4-19-60</p> | | 23c. NAME OF CEMETERY OR CREMATORY <p align="center">Tishomingo, Okla</p> | |
| 24. DATE RECD. BY LOCAL REG. <p align="center">5.6.60</p> | | 25. REGISTRAR'S SIGNATURE <p align="center">Beverly Hill</p> | | 26. FUNERAL DIRECTOR <p align="center">Pierose</p> | |

MEDICAL CERTIFICATION