

LOCAL REGISTRAR'S  
FILE NO.

# CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

STATE FILE NO.

15514

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

3. NAME OF DECEASED (Type or print) <b>James Paul Hinson</b>			4. DATE OF DEATH <b>9 23 60</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>5-9-1904</b>	9. AGE (In years last birthday) <b>56</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Policeman</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Policeman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Police Force</b>	11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	12. COUNTRY OF BIRTH <b>USA</b>
13. FATHER'S NAME <b>Tom Hinson</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>446-30-5255</b>	17. IMPROBABILITY <b>Mrs. Delmas Hinson</b>	Address <b>1619 Houston</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Maniac Depressive Psychosis</b>	
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 <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form 10.) <b>Killed</b>
20c. TIME OF INJURY Hour: _____ M. _____ P. _____ <b>9 23 60</b>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Killed</b>	20f. CITY, TOWN, OR LOCATION <b>Muskogee</b>	COUNTY <b>Muskogee</b>
21. I attended the deceased from <b>8/9/56</b> to <b>9/23/60</b> 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) <i>[Signature]</i>		22b. ADDRESS <b>426 No. 6th, Muskogee, Okla.</b>	

23a. BURIAL, CREATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>9-26-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenhill</b>	23d. LOCATION (City, town, or county) <b>Muskogee Oklahoma</b>
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24. DATE RECD. BY LOCAL REG. <b>9-28-60</b>	25. REGISTRAR'S SIGNATURE <i>[Signature]</i>	26. FUNERAL DIRECTOR <b>Bradler-Agent</b>	Address <b>1020 W. ...</b>
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MEDICAL CERTIFICATION