

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Garfield		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma		b. COUNTY Garfield	
b. CITY, TOWN, OR LOCATION Enid		c. LENGTH OF STAY IN 1b 45 yrs.		e. CITY, TOWN, OR LOCATION Enid	
d. NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital		d. STREET ADDRESS 607 N. 6th			
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) John Vivian Allen			4. DATE OF DEATH Month May Day 20 , Year 1966		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1898	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Month Day
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY City Park		11. BIRTHPLACE (State or foreign country) Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Jack Allen		14. MOTHER'S MAIDEN NAME Ada Brown	
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. 443-05-3204		17. INFORMANT Katherine Allen Address Enid, 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) Gastro intestinal hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of liver				6 yrs.	
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT 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 5/15/66 to 5/20/66 and last saw ^{her} / _{him} alive on 5/20/66 Death occurred at 9:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS Enid, Oklahoma		22c. DATE SIGNED 5/20/66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 23, 1966		23c. NAME OF CEMETERY OR CREMATORY Memorial Park	
23d. LOCATION (City, town, or county) Enid, Oklahoma		23e. STATE Oklahoma			
24. DATE RECD. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR Henninger - Allen ADDRESS Enid, Oklahoma	

MEDICAL CERTIFICATION