ATTENDING PHYSICIAN

# CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

21272

LOCAL REGISTRAR'S FILE NO.

STATE FILE NO.

| | | | | | |
|---|---|---|---|---|---|
| DECEASED - NAME (First, Middle, Last) 1. Dan Jenkins Sr. | | | | 2. DATE OF DEATH (Month, Day, Year) Oct. 22, 1980 | 3. SEX Male |
| 4. RACE - White, Negro, American Indian, Etc. (Specify) white | 5a. AGE - Last Birthday (Year) 88 | 5b. UNDER 1 YEAR Mos. Days | 5c. UNDER 1 DAY Hours Min. | 6. DATE OF BIRTH (Month, Day, Year) June 14, 1892 | 7a. COUNTY OF DEATH Muskogee |
| 7b. CITY, TOWN, OR LOCATION OF DEATH Muskogee | 7c. INSIDE CITY LIMITS Yes ☐ No ☐ X | | 7d. HOSPITAL OR OTHER INSTITUTION – NAME (If not in either, give Street and Number) York Manor Nursing Home | | |
| 8. STATE OF BIRTH (If not in U.S.A., Name Country) Alabama | 9. CITIZEN OF WHAT COUNTRY U.S.A | 10. Married ☐ Never Married ☐ Widowed ☐ X Divorced ☐ | 11. SURVIVING SPOUSE (If Wife, Give Maiden Name) | | |
| 12. SOCIAL SECURITY NUMBER [redacted] | 13a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad | | 13b. KIND OF BUSINESS OR INDUSTRY Missouri Pacific | | |
| 14a. R[illegible] STATE Oklahoma | 14b. COUNTY Muskogee | 14c. CITY, TOWN, OR LOCATION Muskogee | 14d. INSIDE CITY LIMITS Yes ☐ No ☐ X | 14e. STREET AND NUMBER 124 Geneva | |
| 15. FATHER – NAME (First, Middle, Last) Green Berry Jenkins | | 16. MOTHER – MAIDEN NAME (First, Middle, Last) Leta Knight | | | |
| 17a. INFORMANT – NAME Mr. Dan Jenkins, Jr. | | 17b. MAILING ADDRESS (Street or R. F. D. No., City or Town, State, Zip) 309 Carltonway Muskogee, Oklahoma 74401 | | | |

MEDICAL CERTIFICATION

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)

| 18. CAUSE OF DEATH | | Approximate Interval Between onset and Death |
|---|---|---|
| Condition if any, which gave rise to immediate cause(s), stating the underlying cause last | (a) IMMEDIATE CAUSE: Acute myocardial infarction | |
| | (b) DUE TO OR AS A CONSEQUENCE OF: arteriosclerotic heart disease | |
| | (c) DUE TO OR AS A CONSEQUENCE OF: | |

PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part 1 (a))

AUTOPSY 19a. Yes ☐ No ☐

IF YES: Were findings considered in determining cause of death. 19b. Yes ☐ No ☐

**Notice to attending physician:** Do not sign this certificate unless you are the physician who attended the deceased for a **natural** illness—unrelated to injury or poisoning—to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by **Medical Examiner**, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.

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|---|---|---|---|---|
| CERTIFICATION – 20a. PHYSICIAN I attended the deceased from: Year 61 TO Month 10 Day 22 Year 80 | And Last saw him/her alive on 20b. Month 9 Day 4 Year 80 | I did/did not view body after death 20c. PP | DEATH OCCURRED at 8:40 a M. 20d. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated. | |
| CERTIFIER – NAME (Type or Print) 21a. Bartis M. Kent, M.D. | SIGNATURE OF CERTIFIER 21b. [signature] Degree or Title M.D. | | DATE SIGNED (Month, Day, Year) 21c. 10/24/80 | |
| MAILING ADDRESS – CERTIFIER 21d. 211 S. 36th | Street or R.F.D. No. | City or Town Muskogee | State Okla | Zip 74401 |
| THE DECEDENT was pronounced dead on 22a. Month 10 Day 22 Year 80 | AT 22b. 8:40 a M. | | | |

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|---|---|---|---|
| BURIAL, CREMATION, REMOVAL (Specify) 23a. Burial | DATE 23b. Month Oct. Day 24, Year 1980 | CEMETERY OR CREMATORY – NAME 23c. Greenhill Cemetery | |
| LOCATION (Crematory or Cemetery) City or Town 23d. Muskogee, State Okla. | FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24a. Lescher Funeral Home Musk. Ok. 74401 | FUNERAL DIRECTOR 24b. Gary K. Kelley | |
| LOCAL REGISTRAR SIGNATURE 25a. [signature] | DATE RECD. BY LOCAL REG. 25b. 10-28-80 | DATE RECEIVED BY STATE REGISTRAR 26. OCT 31 1980 | |

GREAT SEAL OF THE STATE OF OKLAHOMA 1907

# State Department of Health

## State of Oklahoma

OKLAHOMA CITY, OKLAHOMA 73152

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

CERTIFIED COPY MUST HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

March 10, 1995

[signature]

STATE REGISTRAR