

**ATTENDING PHYSICIAN
CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH**

24965

LOCAL REGISTRAR'S
FILE NO.

STATE FILE NO.

1. DECEASED - NAME <i>First Middle Last</i> Mary Ellen Boatright			2. DATE OF DEATH (Month, Day, Year) 12-31-1977		3. SEX Female
4. RACE - White, Negro, American Indian, Etc. (Specify) White	5a. AGE - Last Birthday (Year) 77	5b. UNDER 1 YEAR Mo. Days Hours Min.	6. DATE OF BIRTH (Month, Day, Year) 9-25-1900		7a. COUNTY OF DEATH Ottawa
7b. CITY, TOWN, OR LOCATION OF DEATH Miami	7c. INSIDE CITY LIMITS Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7d. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) Miami Baptist Hospital			
8. STATE OF BIRTH (If not in U.S.A., Name Country) Alabama	9. CITIZEN OF WHAT COUNTRY USA	10. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	11. SURVIVING SPOUSE (If Wife, Give Maiden Name) Deceased		
12. OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	13. KIND OF BUSINESS OR INDUSTRY Housekeeping				
14a. COUNTY Okla	14b. CITY, TOWN, OR LOCATION Ottawa	14c. INSIDE CITY LIMITS Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	14e. STREET AND NUMBER 1847 B.N.E. 74354		
15. FATHER - NAME <i>First Middle Last</i> G. B. Jenkins		16. MOTHER - MAIDEN NAME <i>First Middle Last</i> Leta Knight			
17a. INFORMANT - NAME Grace Headlee		17b. MAILING ADDRESS (Street or R. F. D. No., City or Town, State, Zip) 1847 B.N.E. Miami, Okla 74354			

PART I. DEATH WAS CAUSED BY. (Enter only one cause per line for (a), (b), and (c).)		Approximate Interval Between onset and Death
18. CAUSE OF DEATH	IMMEDIATE CAUSE	
Condition if any, which gave rise to immediate cause(a), stating the underlying cause last	(a) Cardiopulmonary Arrest DUE TO OR AS A CONSEQUENCE OF:	5-10 min.
	(b) Hepatic Coma DUE TO OR AS A CONSEQUENCE OF:	5 days
	(c) Liver Failure	2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))		AUTOPSY IF YES: Were findings considered in determining cause of death.
		19a. Yes <input type="checkbox"/> No <input type="checkbox"/> 19b. Yes <input type="checkbox"/> No <input type="checkbox"/>

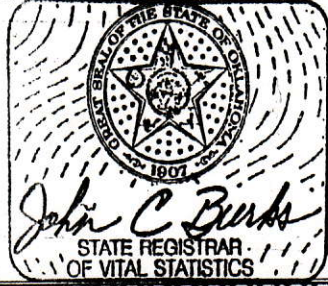
Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during 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.

20a. PHYSICIAN I attended the deceased from Month Day Year TO Month Day Year 12 14 77 12-31-77	And last saw him/her alive on 20b. Month Day Year 12-31-77	I did/did not view body after death 20c. did	DEATH OCCURRED at 8:10 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. Fred A Ray MD	SIGNATURE OF CERTIFIER 21b. <i>Fred A Ray MD</i>	DATE SIGNED (Month, Day, Year) 21c. 1-4-78	
MAILING ADDRESS - CERTIFIER Street or R.F.D. No. City or Town State Zip 21d. Box 1328 Miami Okla 74354		THE DECEDENT was pronounced dead on 22a. Month Day Year AT 22b. 12-31-77 8:10 a.m.	
BURIAL, CREMATION, REMOVAL (Specify) 23a. Burial	DATE 23b. 1 3 1978	CEMETERY OR CREMATORY - NAME 23c. G.A.H.	
LOCATION (Crematory or Cemetery) 23d. City or Town State Miami Okla	FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 24a. Cooper FH Miami, Okla 74354	FUNERAL DIRECTOR 24b. Joe Weatherford	
LOCAL REGISTRAR SIGNATURE 25a. <i>Margaret Huff</i>	DATE RECD. BY LOCAL REG. 25b. 1-10-78	DATE RECEIVED BY STATE REGISTRAR 26. JAN 12 1978	



**State Department of Health
State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73117**

CERTIFIED COPY MUST BE
VALIDATED IN THREE COLORS



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.

July 28, 2000