

LOCAL REGISTRAR'S
FILE NO.

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

STATE FILE NO.

1956 REVISION

Use this form for
deaths occurring on
and after January 1,
1956.

Type or print with
black, permanent ink.
THIS IS A PERMA-
NENT RECORD

DO NOT WRITE
BELOW

CODES

Place

Hospital

Residence

Name

Cause of
death

"B" code

Infant

Occupation

Special
symbols

VS 154 12-55

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
b. CITY, TOWN, OR LOCATION <i>Miami</i>		c. CITY, TOWN, OR LOCATION <i>Miami</i>	
d. NAME OF HOSPITAL OR INSTITUTION <i>M.B. Hosp.</i>		d. STREET ADDRESS <i>519 B.S.E.</i>	
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Greenberry Jenkins</i>		4. DATE OF DEATH Month Day Year <i>12-29-61</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-23-1860</i>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Engineer</i>		9b. AGE (In years last birthday) Months Days Hours Min. <i>101</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Alabama</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>J.W. Jenkins</i>		14. MOTHER'S MAIDEN NAME <i>Susan Frost</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Sam Jenkins Sr.</i>		Address <i>124 Geneva St</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____ DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH _____
19. WAS AUTOPSY PERFORMED? YES <input 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 Month, Day, Year 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	
		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>Jan 2-1962</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>G.R.</i>		23d. LOCATION (City, town, or county) (State) <i>Miami</i>	
24. REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	