

LOCAL REGISTRAR'S  
FILE NO.

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

68

STATE BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY		
b. CITY, TOWN, OR LOCATION <i>Miami</i>		c. LENGTH OF STAY IN 1b	c. CITY, TOWN, OR LOCATION <i>Miami</i>		
d. NAME OF HOSPITAL OR INSTITUTION <i>MMA</i> <small>(If not in hospital, give street address)</small>			d. STREET ADDRESS <i>519 BSE.</i>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE 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) <i>Leeta Jenkins</i> <small>First Middle Last</small>			4. DATE OF DEATH <i>6-14-62</i> <small>Month Day Year</small>		
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-8-1862</i>	9. AGE (In years last birthday) <i>100-</i>	IF UNDER 1 YEAR Months Days Hours Min.
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>John Knight</i>			14. MOTHER'S MAIDEN NAME <i>Kelly Rennie</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <small>(Yes, no, or unknown) (If yes, give year or dates of service)</small>		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs Mary Bantigh-Burns</i> <small>Address</small>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) _____  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 CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
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 _____, 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>6-18-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>St. R.</i>		23d. LOCATION (City, town, or county) (State)
24. DATE RECD. BY LOCAL REG.		25. REGISTRAR'S SIGNATURE		26. FUNERAL DIRECTOR ADDRESS	

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

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.

DO NOT WRITE BELOW

CODES

Place \_\_\_\_\_

Hospital \_\_\_\_\_

Residence \_\_\_\_\_

Name \_\_\_\_\_

Cause of death \_\_\_\_\_

"B" code \_\_\_\_\_

Infant \_\_\_\_\_

Occupation \_\_\_\_\_

Special symbols \_\_\_\_\_