

THE DIVISION OF HEALTH OF THE STATE OF OKLAHOMA  
STANDARD CERTIFICATE OF DEATH

12609

State File No. ....

0396  
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MAY APR 21 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 2400 Registrar's No. 325

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>OKLAHOMA</u> b. COUNTY <u>TULSA</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SPRINGFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TULSA</u>	
c. LENGTH OF STAY (In this place) <u>1 yr. 150 days</u>		d. STREET ADDRESS (If rural, give location) <u>315 S. TRENTON ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>A.</u> c. (Last) <u>FSK</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 22, 1893</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tool Dresser</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Oil Field</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Josiah Fisk</u>	13b. MOTHER'S MAIDEN NAME <u>Judy Walker</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>	16. SOCIAL SECURITY NO. <u>454-09-8586</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital Records, Springfield, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis, pulmonary, chronic, far advanced, active, bilateral.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic heart disease with congestive failure.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from November 14, 1950, to April 13, 1952, that VA ~~the cause of death was~~ and that death occurred at 1:55 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>A. J. Bondurant</u> (Degree or title)	23b. ADDRESS <u>VA Hospital</u>	23c. DATE SIGNED <u>4/13/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Tulsa, Oklahoma</u>
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DATE REC'D BY LOCAL REG. <u>4-15-52</u>	REGISTRAR'S SIGNATURE <u>James R. Brown, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Sahmeyer</u>	ADDRESS <u>Springfield, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Gene C. Hunter*

Signed .....  
Student Embalmer

Licensed Embalmer No. 4739

P. O. Address Springfield, W

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.