

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034431

FILED VS. SEP 29 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2. 8409** STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Oklahoma b. COUNTY Tulsa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.	Length of stay in 1b DOA	c. CITY OR TOWN Broken Arrow	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute City Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route No. 4

3. NAME OF DECEASED (Type or print) First Betty Middle Lou Last VanHooser			4. DATE OF DEATH Month September Day 11 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/17/1938	9. AGE (last birthday) 20	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Cadillac Michigan	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Evert Russ	13b. MOTHER'S MAIDEN NAME Ida Unavailable	14. NAME OF HUSBAND OR WIFE Arthur VanHooser
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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) No	16. SOCIAL SECURITY NO. Nil	17. INFORMANT Arthur Van Hooser, Broken Arrow, Oklahoma
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subdural Hemorrhage of the		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) membranes of the brain, affecting		
DUE TO (c) the entire vascular system (non traumatic)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
Death occurred at _____ **151A** _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deduce or type) Satrick E. Taylor Coron	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 9/14/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 9/11/59	23c. NAME OF CEMETERY OR CREMATORY Local	23d. LOCATION (City, town, or county) (State) Broken Arrow, Oklahoma
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24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.,	25. DATE RECD. BY LOCAL REG. SEP 11 '59	26. REGISTRAR'S SIGNATURE Neal Smith, M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NAME

RESIDENCE

DATE OF DEATH

PLACE OF DEATH

AGE

CAUSE OF DEATH

SEX

RELATIONSHIP

EDUCATION

PROFESSION

OR

BY

NAME

ADDRESS

DATE

PLACE OF DEATH

CAUSE OF DEATH

RELATIONSHIP

SEX

RELATIONSHIP

PROFESSION

EDUCATION

PROFESSION

RELATIONSHIP

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J W D

Licensed Embalmer No. 3653

P. O. Address. J. Lewis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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