

FILED VS OCT 3 1 1960

Registration District No. 5-8 Primary Registration District No. 5216 Registrar's No. 19

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>Carter</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Okl.</u> b. COUNTY <u>Kingfisher</u>			
b. CITY (If outside corporate limits, give TOWNSHIP and Length of stay in lb OR TOWN <u>U.S. Hwy 60 near Fremont</u>				c. CITY OR TOWN <u>Kingfisher</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U.S. Highway 60 near Fremont</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				d. STREET ADDRESS (If outside, give location) <u>Omega Star Road</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type of print) First <u>Dexter</u> Middle <u>Thomas</u> Last <u>Porter</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>21</u> Year <u>60</u>				
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-88</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Kansas</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mecie Porter</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>448-28-8339</u>		17. INFORMANT Address <u>Milton Porter Bethany Okla.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)							
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE (a) <u>Fractured Skull</u>							
DUE TO (b) <u>Auto accident</u>							
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							
<u>Loss control of car - Loose travel on Highway</u>							
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Thrown out of car - found lying</u>					
20c. TIME OF INJURY Hour <u>9:30</u> a.m. <u>pm</u> Month, Day, Year <u>10-21-60</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on face 20 ft from car - Hwy 60 - 1 1/2 mi. N. of Fremont.</u>						
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		COUNTY <u>Carter</u>			STATE <u>MO.</u>		
21. I attended the deceased from <u>Death</u> to <u>on arrival</u> and last saw her/him alive on <u>9:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Coleman McSpeden, Coroner</u>				22b. ADDRESS <u>Van Buren</u>		22c. DATE SIGNED <u>10-22-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kingfisher</u>		23d. LOCATION (City, town, or county) (State) <u>Kingfisher Okla</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Seaton Pewitt van Buren Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct. 26-1960</u>	26. REGISTRAR'S SIGNATURE <u>Miss Oeta Henson</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Seaton Hewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.