

## CERTIFICATE OF DEATH

013819

STATE BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>Tulsa</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Oklahoma</b> b. COUNTY <b>Tulsa</b>	
b. CITY OR TOWN <b>Tulsa</b>		c. CITY OR TOWN <b>Tulsa</b>	
<input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		<input checked="" type="checkbox"/> INSIDE CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location) <b>1123 N. Main</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1123 N. Main</b>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <b>Jim</b>	b. (Middle) <b>D</b>	c. (Last) <b>Oglesby</b>	<b>September 1 1955</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Aug 10, 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Guard</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Air Craft Plant</b>	9. AGE (in years last birthday) Months Days Hours Min. <b>50</b>
13. FATHER'S NAME <b>E. W. Oglesby</b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	
		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
		14. MOTHER'S MAIDEN NAME <b>Etha Farrer</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>496-05-7415</b>	17. INFORMANT <b>E. W. Oglesby</b>	ADDRESS <b>Tulsa, Oklahoma</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN DEATH AND BIRTH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>(a) Self-inflicted Shotgun wound to head</b>				<b>Instant</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)		
		DUE TO (c)		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. WHERE INJURY OCCURRED (City, Town, or Rural Location) (County) (State) <b>1123 N. Main, Tulsa Tulsa Okla</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>9 1 55 1230 P</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Suicide</b>

22. I hereby certify that I attended the deceased from **DEAD ON SEPTEMBER 1 1955**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:30 P.M.** from the causes and on the date stated above.

23. SIGNATURE <b>[Signature]</b> County Investigator	(Degree or title)	23b. ADDRESS <b>Court House, Tulsa, Okla</b>	23c. DATE SIGNED <b>9-2-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9-3-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>Tulsa Oklahoma</b>
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DATE REC'D BY LOCAL REG <b>9-12-55</b>	REGISTRAR'S SIGNATURE <b>T. Paul Haney, M.D.</b>	25. FUNERAL DIRECTOR <b>[Signature]</b> Funeral Home <b>Tulsa, Okla</b>
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