

LOCAL REGISTRAR'S
FILE NO.

CERTIFICATE OF DEATH

007699

STATE BIRTH NO.

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Tulsa		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Oklahoma b. COUNTY Tulsa.	
b. CITY OR TOWN Tulsa <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE { CITY LIMITS		c. CITY OR TOWN Tulsa. <input type="checkbox"/> INSIDE <input type="checkbox"/> OUTSIDE { CITY LIMITS	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hillcrest Hospital		d. STREET ADDRESS 1125 N Cheyenne	

3. NAME OF DECEASED (Type or Print) a. (First) Roy			b. (Middle) Parker			c. (Last) Parker			4. DATE OF DEATH (Month) (Day) (Year) May 17, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED			8. DATE OF BIRTH Feb. 28, 1896			9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee			10b. KIND OF BUSINESS OR INDUSTRY Okla. Natural Gas Co			11. BIRTHPLACE (State or foreign country) Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Thomas Parker						14. MOTHER'S MAIDEN NAME Mary Downs					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. X			17. INFORMANT'S ADDRESS Mrs Thomas Parker, St. James Mo					

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (e)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 17 hrs.	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema					
		ANTECEDENT CAUSES		DUE TO (b) Acute Brain Syndrome - Alcohol Intoxication		2 mo.	
				DUE TO (c) Multiple Sclerosis		6 yrs	
		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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE INJURY OCCURRED (City, Town, or Rural Location) (County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 19, 1954 to May 17, 1954 , that I last saw the deceased alive on May 17, 1954 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE H. K. Lee			23b. ADDRESS 31 and Harvard, Tulsa, Okla.		23c. DATE SIGNED 5-17-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May 17, 1954	24c. NAME OF CEMETERY OR CREMATORY Masonic		24d. LOCATION (City, town, or county) (State) St James Mo.	
DATE REC'D BY LOCAL REG. 6/8/54		REGISTRAR'S SIGNATURE H Paul Harey MD		25. FUNERAL DIRECTOR J. B. Whisenhunt Whisenhunt Funeral Home Tulsa, Oklahoma	