

CERTIFICATE OF DEATH
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE FILE NO.

010596

STATE BIRTH NO.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Latimer				a. STATE Oklahoma		b. COUNTY Latimer	
b. CITY, TOWN, OR LOCATION Red Oak			c. LENGTH OF STAY IN 18	c. CITY, TOWN, OR LOCATION Red Oak			
d. NAME OF HOSPITAL OR INSTITUTION <i>(If not in hospital, give street address)</i>				d. STREET ADDRESS			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
First James		Middle David		Last Kuykendall		Month July	Day 12
Year 1956	IF UNDER 1 YEAR	IF UNDER 24 HRS.	Month	Days	Hours	Mins.	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 20, 1872	9. MONTH 83	6	22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Alma, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Peter Kuykendall				14. MOTHER'S MAIDEN NAME Martha Conley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>(If yes, give war or dates of service)</i> No			16. SOCIAL SECURITY NO. None	17. INFORMANT Gartrude Kuykendall--Red Oak, Okla.			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:						2	
IMMEDIATE CAUSE (a) Leukemia							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b)							
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input 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.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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
21. I attended the deceased from _____, to _____ and last saw ^{her} _{him} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>(Degree or title)</i> J. A. [Signature] M.D.				22b. ADDRESS Wilburton, Oklahoma		22c. DATE SIGNED 7-12-56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)
Buried		7-14-56	Red Oak Cemetery		Red Oak, Oklahoma		
24. DATE RECD. BY LOCAL REG. 7-17-56		25. REGISTRAR'S SIGNATURE Frances Fisher		26. FUNERAL DIRECTOR Burke-Jones Funeral Home ADDRESS Wilburton, Oklahoma			

#305