

LOCAL REGISTRAR'S
FILE NO.

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

STATE BIRTH NO.

STATE FILE NO.

15514

<p>1. PLACE OF DEATH a. COUNTY Muskogee</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution, institution before admission) e. STATE Oklahoma f. COUNTY Muskogee</p>	
<p>b. CITY, TOWN, OR LOCATION Muskogee</p>	<p>c. LENGTH OF STAY IN ID 20 yrs.</p>	<p>e. CITY, TOWN, OR LOCATION Muskogee</p>	
<p>3. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1619 Houston</p>		<p>4. STREET ADDRESS 1619 Houston</p>	
<p>5. IS PLACE OF DEATH INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>		<p>6. IS RESIDENCE INSIDE CITY LIMITS YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	

<p>3. NAME OF DECEASED (Type or print) First Middle Last James Paul Hinson</p>			<p>4. DATE OF DEATH 9 23 60</p>		
<p>5. SEX male</p>	<p>6. COLOR OR RACE white</p>	<p>7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 5-9-1904</p>	<p>9. AGE (In years last birthday) 56</p>	<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Policeman</p>			<p>10b. KIND OF BUSINESS OR INDUSTRY Police Force</p>		<p>11. BIRTHPLACE (State or foreign country) Tenn.</p>
<p>13. FATHER'S NAME Tom Hinson</p>			<p>14. MOTHER'S MAIDEN NAME Unknown</p>		

<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)</p>	<p>16. SOCIAL SECURITY NO. 446-30-5255</p>	<p>17. IMPROBABILITY Mrs. Delmas Hinson 1619 Houston</p>
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<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Maniac Depressive Psychosis</p>		<p>19. ICD CODE 296.2</p>
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>		<p>20. ICD CODE _____</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONSIDERED UNDER PART I (a)</p>		

<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of form 10-1) Fire</p>	
<p>20c. TIME OF INJURY Hour: _____ Month, Day, Year: 9 23 60</p>		

<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	<p>20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____</p>	<p>20f. CITY, TOWN, OR LOCATION Muskogee COUNTY Muskogee</p>
<p>21. I attended the deceased from 8/9/56 to 9/2/60 and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the _____</p>		
<p>22a. SIGNATURE (Degree or title) <i>[Signature]</i></p>	<p>22b. ADDRESS 426 No. 6th, Muskogee, Okla.</p>	

<p>23a. BURIAL, CREATION, REMOVAL (Specify) burial</p>	<p>23b. DATE 9-26-60</p>	<p>23c. NAME OF CEMETERY OR CREMATORY Greenhill</p>	<p>23d. LOCATION (City, town, or county) Muskogee Oklahoma</p>
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<p>24. DATE RECD. BY LOCAL REG. 9-28-60</p>	<p>25. REGISTRAR'S SIGNATURE <i>[Signature]</i></p>	<p>26. FUNERAL DIRECTOR Bradler-Agent 1020 W. _____</p>
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MEDICAL CERTIFICATION