

CERTIFICATE OF DEATH

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

25330

LOCAL REGISTRAR'S
FILE NO.

STATE FILE NO.

1. DECEASED - NAME <i>Effie</i> ^{First} <i>May</i> ^{Middle} <i>Ely</i> ^{Last}			2. DATE OF DEATH (Month, Day, Year) <i>12/22/70</i>		3. SEX <i>Male</i>
4. RACE - White, Negro, American Indian, Etc. <i>White</i>	5a. AGE - Last Birthday <i>98</i>	5b. UNDER 1 YEAR <i>7</i>	5c. UNDER 1 DAY <i>7</i>	6. DATE OF BIRTH (Month, Day, Year) <i>5/15/1872</i>	7a. COUNTY OF DEATH <i>Stephens</i>
7b. CITY, TOWN, OR LOCATION OF DEATH <i>Duncan</i>		7c. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7d. HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) <i>P & S Hospital Duncan, Okla.</i>		
8. STATE OF BIRTH (If not in U.S.A., Name Country) <i>Kansas</i>		9. CITIZEN OF WHAT COUNTRY <i>USA</i>	10. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	11. SURVIVING SPOUSE (If Wife, Give Maiden Name) <i>None</i>	
12. SOCIAL SECURITY NUMBER		13a. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired) <i>Homemaker</i>		13b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
14a. RESIDENCE - STATE <i>Oklahoma</i>	14b. COUNTY <i>Stephens</i>	14c. CITY, TOWN, OR LOCATION <i>Duncan</i>	14d. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	14e. STREET AND NUMBER <i>104 Ash</i>	
15. FATHER - NAME <i>Frances M. Stahl</i>			16. MOTHER - MAIDEN NAME <i>Jennie Dixon</i>		
17a. INFORMANT - NAME <i>Marion Ely</i>		17b. MAILING ADDRESS <i>Route #2 Duncan, Okla.</i>			

PART I. DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c))					Approximate Interval Between onset and Death
18. CAUSE OF DEATH	IMMEDIATE CAUSE (a) <i>Carcinoma of Breast</i>				2 years
Condition, if any, which gave rise to immediate cause(s), stating the underlying cause last	DUE TO OR AS A CONSEQUENCE OF: (b)				
	DUE TO, OR AS A CONSEQUENCE OF: (c)				
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a)) <i>Pyelonephritis</i>					19a. AUTOPSY Yes <input type="checkbox"/> No <input type="checkbox"/>
					19b. IF YES: Were findings considered in determining cause of death. Yes <input type="checkbox"/> No <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/>	20b. DATE OF INJURY (Month, Day, Year)	20c. HOUR OF INJURY M.	20d. HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II, Item 18)		
20e. INJURY AT WORK Yes <input type="checkbox"/> No <input type="checkbox"/>	20f. PLACE OF INJURY: At Home, Farm, Street, Factory, Office Bldg., Etc. (Specify)	20g. LOCATION OF INJURY (Street or R.F.D. No., City or Town, State)			
21a. PHYSICIAN I attended the deceased from <i>April 16 1968 to Dec 22 1970</i>	21b. Month Day Year <i>Dec 22 1970</i>	21c. And Last saw him/her alive on <i>Dec 22 1970</i>	21d. I did/did not view body after death <i>Did</i>	21e. DEATH OCCURRED at <i>6:00 p.m.</i> 21d. at the place, on the date stated, and to the best of my knowledge, due to the cause(s) stated.	
22a. CERTIFIER - NAME (Type or Print) <i>CASPER A SMITH</i>		22b. SIGNATURE OF CERTIFIER <i>Casper A. Smith MD</i>		22c. DATE SIGNED (Month, Day, Year) <i>12-28-70</i>	
22d. MAILING ADDRESS - CERTIFIER <i>2120 Elk Duncan Okla 73533</i>	Street or R.F.D. No.	City or Town	State	Zip	
23a. CERTIFICATION - MEDICAL EXAMINER OR LOCAL HEALTH OFFICER On the basis of the examination of the body and/or the investigation, in my opinion, death occurred on the date and due to the cause(s) stated as certified by my signature in item 22b.					23b. THE DECEDENT was pronounced dead on Month Day Year
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE Month Day Year <i>Dec. 24, 1970</i>	24c. CEMETERY OR CREMATORY NAME <i>Duncan, Oklahoma</i>			
24d. LOCATION (Cemetery or Crematory) City or Town State <i>Duncan Okla.</i>	24e. FUNERAL HOME - NAME AND ADDRESS (Street or R.F.D. No., City or Town, State, Zip) <i>Brooks, 910 Oak, Duncan, Okla.</i>		24f. FUNERAL DIRECTOR <i>Hardy Brooks</i>		
25a. LOCAL REGISTRAR SIGNATURE <i>Jan A Edwards</i>		25b. DATE RECD. BY LOCAL REG. <i>1/1/71</i>	25c. DATE RECEIVED BY STATE REGISTRAR <i>JAN 5 1971</i>		