

STATE OF OKLAHOMA CERTIFICATE OF DEATH

Type or print with black, permanent ink. THIS IS A PERMANENT RECORD.

Back to the Attending Physician.
Do not sign unless the death occurred due to a natural disease process. Detailed death on his responsibility of the Medical Examiner.

DECEDENT'S LEGAL NAME

PARTICULAR'S NAME

DATE OF DATA

1. DECEDENT'S LEGAL NAME (First, Middle, Last, Suffix)		STATE FILE NUMBER	
2. SOCIAL SECURITY NUMBER	3. EVER IN US ARMED FORCES? ☐ Yes ☐ No	4a. AGE - Last birthday (years)	4b. UNDER 1 YEAR Months
5. BIRTHPLACE (City and State or Foreign Country)		6. UNDER 1 YEAR Days	6. DATE OF BIRTH (Month/Day/Year)
7a. RESIDENCE - Zip Code	7b. RESIDENCE - State	7c. RESIDENCE - County	7d. RESIDENCE - City or Town
8. MARITAL STATUS AT TIME OF DEATH ☐ Married ☐ Never Married	9. RESIDENCE - Street and Number	10. RESIDENCE - Apt. Number	11. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
12. DECEASED OF SPANISH ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if the decedent is not Spanish/Hispanic/Latino.)	13. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.)	14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death.)	
☐ No, not Spanish/Hispanic/Latino	☐ White	☐ 8th grade or less	
☐ Yes, Mexican, Mexican American, Chicano	☐ Black or African American	☐ 9th - 12th grade, no diploma	
☐ Yes, Puerto Rican	☐ American Indian or Alaska Native	☐ High school graduate or GED completed	
☐ Yes, Cuban	☐ Asian Indian	☐ Some college credit but no degree	
☐ Yes, other Spanish/Hispanic/Latino (specify)	☐ Chinese	☐ Associate degree (e.g. BA, AS)	
	☐ Filipino	☐ Bachelor's degree (e.g. BA, BS, BSW)	
	☐ Japanese	☐ Master's degree (e.g. MEd, MA, MS, MEd, MEd, MEd, MEd)	
	☐ Korean	☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, JD)	
	☐ Vietnamese		
	☐ Other Asian (Specify)		
	☐ Other (Specify)		
15. DECEDENT'S USUAL OCCUPATION (Include type of work done during most of working life. DO NOT USE RETIRED)		16. KIND OF BUSINESS/INDUSTRY	
17a. INFORMANT'S NAME		17b. RELATIONSHIP TO DECEDENT	
18. METHOD OF DISPOSITION ☐ Burial ☐ Cremation ☐ Donation ☐ Entombment		19. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)	
20. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		21. LOCATION - City, Town and State	
22. SIGNATURE OF FUNERAL HOME DIRECTOR OR FAMILY MEMBER ACTING AS SUCH		23. PRE-ESTABLISHMENT LICENSE #	
24. PLACE OF DEATH (Check only one; see instructions)		25. COUNTY OF DEATH	
26. FACILITY NAME (If not institution, give street & number)		27. CITY OR TOWN, STATE AND ZIP CODE OF LOCATION OF DEATH	
28. DATE OF DEATH (Month/Day/Year)	29. TIME OF DEATH	30. WAS MEDICAL EXAMINER CONTACTED? ☐ Yes ☐ No	31. WAS AN AUTOPSY PERFORMED? ☐ Yes ☐ No
32. PART I: Enter the (Cause of Death) - (Illnesses, injuries or complications) - (List directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest or ventricular fibrillation without showing the etiology. DO NOT abbreviate). Enter only one cause on a line. Add additional lines if necessary.		33. PART II: Enter other conditions contributing to death, but not resulting in the underlying cause given in PART I.	
34. IMMEDIATE CAUSE (Final disease or condition resulting in death)		35. APPROXIMATE INTERVAL (Lead to death)	
36. UNDERLYING CAUSE (Illnesses or injury that initiated the events resulting in death) LAST		37. DATE OF TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ No ☐ Probably ☐ Unknown	
38. MANNER OF DEATH ☐ Natural ☐ Homicide ☐ Accident ☐ Suicide		39. IF FEMALE: ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death	
40. DATE OF INJURY (Month/Day/Year) NO TIME OF INJURY		41. PLACE OF INJURY (e.g. Decedent's home, construction site, extended care)	
42. LOCATION OF INJURY: State		43. DESCRIBE HOW INJURY OCCURRED	
44. STREET & NUMBER		45. IF TRANSPORTATION INJURY, SPECIFY: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian	
46. CERTIFIER (Check only one) ATTENDING PHYSICIAN ☐ Physician in charge of the patient's care ☐ Physician in attendance at time of death only To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.		47. NAME, ADDRESS AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Form 94)	
48. SIGNATURE OF CERTIFIER		49. LICENSE NUMBER	
50. REGISTERAR'S SIGNATURE		51. DATE CERTIFIED (Month/Day/Year)	
		52. DATE RECORDED BY STATE REGISTER (Month/Day/Year)	

A Complete State Of Death

CH Cherryholmes



A Complete State Of Death:

Unveiling the Magic of Words: A Review of "**A Complete State Of Death**"

In a world defined by information and interconnectivity, the enchanting power of words has acquired unparalleled significance. Their ability to kindle emotions, provoke contemplation, and ignite transformative change is truly awe-inspiring. Enter the realm of "**A Complete State Of Death**," a mesmerizing literary masterpiece penned by a distinguished author, guiding readers on a profound journey to unravel the secrets and potential hidden within every word. In this critique, we shall delve into the book's central themes, examine its distinctive writing style, and assess its profound effect on the souls of its readers.

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A Complete State Of Death Introduction

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