

STATE OF TEXAS

057-11-1

37-746

CERTIFICATE OF DEATH

STATE FILE NO.

08997

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Oklahoma</b> b. COUNTY <b>McIntosh</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Lancaster</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Eufaula</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>615 W Main</b>		d. STREET ADDRESS (If rural, give location) <b>Box 363</b>	
a. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		a. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <b>RUSSELL</b> (b) Middle <b>Leroy</b> (c) Last <b>KLUSMEYER</b>		4. DATE OF DEATH <b>Found dead on February 11, 1977 at 11:08 AM</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-15-1913</b>
9. AGE (In years last birthday) <b>63</b>		10. IF UNDER 1 YEAR Months Days Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>William Henry Klusmeyer</b>		14. MOTHER'S MAIDEN NAME <b>Cora Bell Smack</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b>		16. SOCIAL SECURITY NO. <b>527-16-1918</b>	
17. INFORMANT <b>Josie Klusmeyer</b>		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Squamous cell carcinoma of the lung</b> 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 checked="" type="checkbox"/>	
20a. <input checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> NATURAL CAUSES <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 <b>8</b> Day <b>11</b> Year <b>1977</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (If not about home, farm, factory, street, office building, etc.)			
20f. CITY, TOWN, OR LOCATION <b>Anadarko</b> COUNTY <b>Oklahoma</b> STATE <b>Oklahoma</b>			
21. I hereby certify that I attended the deceased from <b>Inquest held 2/11/77</b> to <b>2-12-77</b> and last saw the deceased alive on <b>2-12-77</b> . Death occurred at <b>XXXXXX</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>[Signature]</b> MEDICAL EXAMINER		22b. ADDRESS <b>PO Box 35728, Dallas, TX 75235</b>	
22c. DATE SIGNED <b>2/11/77</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
23b. DATE <b>2-12-77</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eakley Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Anadarko</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Smith Funeral Home</b> <b>[Signature]</b>	
25a. REGISTRAR'S FILE NO. <b>16</b>		25b. DATE REC'D BY LOCAL REGISTRAR <b>2-21-77</b>	
25c. REGISTRAR'S SIGNATURE <b>Vernon H. Chowning J P #5</b>			

TEXAS DEPARTMENT OF HEALTH RESOURCES — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

0295-77