

33084

**ATTENDING PHYSICIAN
CERTIFICATE OF DEATH** Vol. m84 Page 12402
STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

LOCAL REGISTRAR'S
FILE NO.

DECEASED - NAME 1. <u>Ronald Dean Johnson</u>			STATE FILE NO.	
RACE - <u>white</u> 2. <u>Okla. City</u>			DATE OF DEATH (Month, Day, Year) 3. <u>Dec 18 1983</u>	SEX 4. <u>male</u>
AGE - Last Birthday (Year) 5a. <u>48</u>	UNDER 1 YEAR 5b. <u>Days</u>	UNDER 1 DAY 5c. <u>Hours</u>	DATE OF BIRTH (Month, Day, Year) 6. <u>May 21 1935</u>	
CITY, TOWN, OR LOCATION OF DEATH 7a. <u>Okla. City</u>	INSIDE CITY LIMITS 7b. <u>Yes</u>	HOSPITAL OR OTHER INSTITUTION - NAME (If not in either, give Street and Number) 7d. <u>Deaconess Hospital</u>	COUNTY OF DEATH 7c. <u>Okla</u>	
STATE OF BIRTH (If not in U.S.A., Name Country) 8. <u>El Reno, Okla</u>	CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	SURVIVING SPOUSE (If Wife, Give Maiden Name) 11. <u>Marilyn Van Sickle</u>	
SOCIAL SECURITY NUMBER 12. <u>447-30-4078</u>	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a. <u>President of R. Johnson & Co.</u>	KIND OF BUSINESS OR INDUSTRY 13b. <u>General Contractor & engineer</u>		
RESIDENCE - STATE 14a. <u>Okla</u>	COUNTY 14b. <u>Okla</u>	CITY, TOWN, OR LOCATION 14c. <u>Okla. City</u>	INSIDE CITY LIMITS 14d. <u>Yes</u>	STREET AND NUMBER 14e. <u>10504 Ski Drive</u>
FATHER - NAME 15. <u>Frank D. Johnson</u>	MOTHER - MAIDEN NAME 16. <u>Verchie Ruth Carpenter</u>	Mailing Address 17b. <u>10504 Ski Drive; Okla. City, Ok 73132</u>		
INFORMANT - NAME 17a. <u>Marilyn Johnson--wife</u>				

PART I. CAUSE OF DEATH DEATH WAS CAUSED BY: (Enter only one cause per line for (a), (b), and (c).)			
Condition if any, which gave rise to immediate cause(s), stating the underlying cause last	IMMEDIATE CAUSE (a) <u>Respiratory arrest</u>		Approximate Interval Between onset and Death <u>immediate</u>
	(b) <u>Myocardial lateral sclerosis</u>		
	(c)		
PART II. OTHER SIGNIFICANT CONDITIONS: (Conditions contributing to death but not related to cause given in part I (a))			
Notice to attending physician: Do not sign this certificate unless you are the physician who attended the deceased for a natural illness-unrelated to injury or poisoning-to which the patient has apparently succumbed, provided that death did not occur while deceased was in penal incarceration or during a therapeutic procedure in which death was not reasonably medically expected. For enumeration of deaths subject to investigation and certification by Medical Examiner, refer to O.S. Title 63, Sec. 938, or contact office of Chief Medical Examiner in Oklahoma City.			
CERTIFICATION - Month Day Year TO Month Day Year 20a. <u>12-11-83</u> <u>12-19-83</u>		And Last saw him/her alive on 20b. <u>12-18-83</u>	did/did not wear body after death 20c. <u>NO</u>
CERTIFIER - NAME (Type or Print) 21a. <u>Fanning C. Miles, M.D.</u>		SIGNATURE OF CERTIFIER 21b. <u>Fanning C. Miles M.D.</u>	
MAILING ADDRESS - CERTIFIER 21d. <u>1709 Hasley Dr; Okla. City, Okla 73120</u>		DATE SIGNED (Month, Day, Year) 21c. <u>12-20-83</u>	
BURIAL, CREMATION, REMOVAL (Specify) 22a. <u>burial</u>	DATE 22b. <u>Dec. 21, 1983</u>	THE DECEDENT was pronounced dead on AT 22c. <u>12-19-83</u>	
LOCATION (City, County, or Cemetery) 23a. <u>Okla. City, Okla</u>	CEMETERY OR CREMATORY - NAME 23b. <u>Resurrection Cemetery</u>		
LOCAL REGISTRAR SIGNATURE 24a. <u>[Signature]</u>	DATE RECEIVED BY LOCAL REG. 24b. <u>DEC 22 1983</u>	FUNERAL DIRECTOR 24c. <u>Gene Adams</u>	
		DATE RECEIVED BY STATE REGISTRAR 24d. <u>DEC 22 1983</u>	



State Department of Health

ROGER C. PIRRONG

STATE REGISTRAR OF VITAL STATISTICS

State of Oklahoma
OKLAHOMA CITY, OKLAHOMA 73152

CERTIFIED COPY MUST
HAVE EMBOSSED SEAL

I hereby certify the foregoing to be a true and correct copy, original of which is on file in this office. In testimony whereof, I have hereunto subscribed my name and caused the official seal to be affixed, at Oklahoma City, Oklahoma, this date.

DEC 22 1983

STATE OF OREGON: COUNTY OF KLAMATH:ss
I hereby certify that the within instrument was received and filed for record on the 23 day of July A.D., 19 84 at 2:56 o'clock P M, and duly recorded in Vol M84 of Deeds on page 12402.

Fee: \$ 4.00

EVELYN BIEHN, COUNTY CLERK

by: [Signature], Deputy

Returns: Robert H. Mitchell
ATTORNEY AT LAW
2424 Northwest 39th Street
Oklahoma City, Oklahoma 73112-8779