

652 604 LOCAL REGISTRAR'S FILE NO. STATE OF OKLAHOMA - DEPARTMENT OF HEALTH CERTIFICATE OF DEATH 017766

1. PLACE OF DEATH  
 a. COUNTY Choctaw  
 b. CITY OR TOWN Sapulpa  
 c. STATE OF DEATH Oklahoma

2. USUAL RESIDENCE (Where deceased lived 10 consecutive months before admission)  
 a. STATE Oklahoma  
 b. COUNTY Choctaw  
 c. CITY OR TOWN Sapulpa  
 d. STREET ADDRESS 614 North Main St. Sapulpa

3. NAME OF DECEASED  
 a. (Last) Batty  
 b. (First) Betty  
 c. (Middle) Ann  
 d. DATE OF BIRTH (Month Day Year) Dec 16 1951

4. SEX Female  
 5. RACE White  
 6. MARRIAGE (M, MARRIED; S, SINGLE; W, WIDOWED; D, DIVORCED)  
 Married  
 7. DATE OF BIRTH (Month Day Year) June 10 1966  
 8. SEX Male  
 9. RACE White  
 10. MARRIAGE (M, MARRIED; S, SINGLE; W, WIDOWED; D, DIVORCED)  
 Single

11. USUAL OCCUPATION (Include full name of employer if deceased was employed)  
 12. USUAL RESIDENCE (State or Federal Division)  
 13. CITY OR TOWN (State or Federal Division)  
 14. MOTHER'S MARRIAGE NAME  
 15. MOTHER'S RESIDENCE (State or Federal Division)  
 16. MOTHER'S CITY OR TOWN (State or Federal Division)

17. FATHER'S NAME  
 18. FATHER'S RESIDENCE (State or Federal Division)  
 19. FATHER'S CITY OR TOWN (State or Federal Division)

20. SOCIAL SECURITY NO. J. H. Bhatton Sapulpa, Okla.

18. CAUSE OF DEATH (Include and describe in detail the cause of death, such as heart failure, stroke, etc. If cause is uncertain, state so.)  
 19. MEDICAL CERTIFICATE (Include name of physician, hospital, etc. If death occurred in hospital, include name of hospital.)  
 20. OTHER SIGNIFICANT CONDITIONS (Include conditions existing at the time of death that may have contributed to the death or which may have caused death.)  
 21. DATE OF DEATH (Month Day Year) Dec 17 1967  
 22. PLACE OF DEATH (State or Federal Division) Choctaw  
 23. CITY OR TOWN (State or Federal Division) Sapulpa  
 24. STATE OF DEATH Oklahoma  
 25. SEX (M, Male; F, Female) F  
 26. RACE (W, White; N, Negro; O, Other) W  
 27. MARRIAGE (M, Married; S, Single; W, Widowed; D, Divorced) M  
 28. DATE OF BIRTH (Month Day Year) Dec 16 1951  
 29. NAME OF DECEASED (Last, First, Middle) Batty, Betty Ann  
 30. LOCATION (City, State, or County) Sapulpa, Okla.

21. I hereby certify that I attended the deceased from 1959 to 1967, and that death occurred on Dec 17, 1967, from the cause and on the date stated above.

22. SIGNATURE (Physician or other qualified person) *Dr. J. H. Bhatton*  
 23. SIGNATURE (Next of kin) *Next Mrs. H. L. Batty*  
 24. DATE SIGNED 12-20-67

25. NAME OF REGISTRAR (Last, First, Middle) *Sharon Williams*  
 26. DATE OF DEATH (Month Day Year) Dec 17 1967  
 27. NAME OF COUNTY (Last, First, Middle) *Sharon Williams*  
 28. NAME OF CITY OR TOWN (Last, First, Middle) *Sharon Williams*  
 29. NAME OF STATE (Last, First, Middle) *Sharon Williams*  
 30. ADDRESS (City, State, or County) Sapulpa, Okla.

29. DATE OF DEATH (Month Day Year) Dec 17 1967  
 30. NAME OF COUNTY (Last, First, Middle) Choctaw  
 31. NAME OF CITY OR TOWN (Last, First, Middle) Sapulpa  
 32. NAME OF STATE (Last, First, Middle) Oklahoma

33. NAME OF REGISTRAR (Last, First, Middle) *Sharon Williams*  
 34. ADDRESS (City, State, or County) Sapulpa, Okla.

V.S. 154 9-60