

JUL 9 1953
LOCAL REGISTRAR'S
FILE NO.

STATE OF OKLAHOMA - DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NO. 009875

1195

1. PLACE OF DEATH a. COUNTY Tulsa		2. USUAL RESIDENCE (When deceased died, if different address list) a. STATE Oklahoma b. COUNTY Tulsa	
3. CITY OR TOWN Tulsa		c. CITY OR TOWN Tulsa	
4. FULL NAME OF DECEASED Katherine Binder		5. STREET ADDRESS 739 North Florence Place	
6. NAME OF DECEASED Katherine Binder		7. DATE OF DEATH June 14 1953	
8. SEX Female		9. AGE (In years, months, days, hours, minutes) 80	
10. USUAL OCCUPATION Housewife		11. BIRTHPLACE (State or foreign country) Minneapolis, Minn.	
12. FATHER'S NAME John Heinrich		13. MOTHER'S MAIDEN NAME Gonschert	
14. SOCIAL SECURITY NO. No		15. INFORMANT L. J. Binder 739 No. Quonah Tulsa Ok	
16. CAUSE OF DEATH MEDICAL CERTIFICATION a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Cardio Vasculer selective complicated by fracture neck of left femur Aug 30 1952			
b. ANTECEDENT CAUSES Medical conditions, if any, giving rise to the above cause (A) stating the underlying cause last. Due to ill			
c. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
17. DATE OF OPERATION		18. MAJOR FINDINGS OF OPERATION	
19. ACCIDENT (Specify)		20. PLACE OF INJURY (e.g., location, home, farm, factory, street, office, etc.)	
21. TIME OF INJURY		22. HOW DID INJURY OCCUR	
23. I hereby certify that I attended the deceased from Aug 30 1952 to June 14 1953 , that I last saw the deceased alive on June 14 1953 , and that death occurred at S.P. m. from the causes and on the date stated above.			
24. SIGNATURE Allen C. Kramer M.D.		25. ADDRESS Tulsa Okla	
26. DATE SIGNED 6-16-53		27. DATE OF DEATH	
28. NAME OF CEMETERY OR CREMATORY Fairview		29. LOCATION (City, town, or county) Shawnee, Oklahoma	
30. FUNERAL DIRECTOR Moore Funeral Home, Inc. 1403 So Peoria		31. ADDRESS 1403 So Peoria	